# TRUTH WILL PREVAIL

*1200 Studies that refute vaccine claims*

DR. ALAN PALMER

# *PREFACE*

**STOP!** If you have looked at the size of this document and are ready to jump ship, DON'T do it! The reason you should stay is that as you will see over these first few pages, this is a UNIQUE resource with shortcuts and easy ways to access exactly what you want to check out, with minimal time and effort. It now contains excerpts and summaries from over 1,400 studies. **I promise you it will be WELL WORTH IT!**

Secondly, because this document has amazing tools that can allow you quick access to just the information you want to see, you will want to read pages **"labeled"** 6-10 for an overview and pages 20-22 which are the instructions of those shortcuts and features. I would recommend printing those 3 pages initially, as a reference for you. (print pgs 21-23, as the PDF recognizes the cover as pg 1).

# *Three important things before the introduction*

**It is such a blessing that my free *1200 Studies- Truth Will Prevail* eBook has been downloaded over 100,000 times and probably shared tens of thousands of times more than that. My goal has been to provide a research and reference tool for people that are looking to see the evidence that contradicts what the public is being told about the safety and effectiveness of vaccines. As of the release of this version November 1st, 2020 and due to the continued work I am doing on this living document, I have made the decision to charge a nominal fee of $6.95 for it or $12.95 which will include 3 future updates, with the next one covering all about the COVID-19 vaccines. I hope that the information in this document will continue to contribute to challenging and eventually changing the vaccine paradigm, for the safety of our children now and for all children in the future.**

**Over the last many months, I have had numerous requests for information and recommendations about three things…**

**1) detoxification from vaccines and other forms of toxicity, 2) viral prevention and treatment and 3) requests for the latest information…. So, in response here goes!**

# One…Viral Prevention and Treatment

***Due to the health concerns related to the COVID-19 pandemic, I have been inundated with requests for nutritional recommendations for viral prevention and treatment. Visit this page for detailed information…**

**https://www.wellnessdoc.com/nutritional-viral-prevention-and-treatment-products/**

# Two…Stay connected and up to date

***You can stay up to date with my monthly *1200 Studies Update Newsletter*. I will do the leg work for you, finding "alternative" information that isn't front page news (but should be), and bring it to you in concise, easy to digest bites in a monthly newsletter. And, I will provide you with the data sources, so you can click and investigate them further if that is your desire! Subscribe here…**

**https://www.wellnessdoc.com/science-and-news-monthly-newsletter/**

# Three…An effective detoxification protocol

*** Whether you are looking for something that will offset some of the potential toxicity from the vaccines you are considering for yourself or your child, or for a way to purge toxins and heavy metals like aluminum or mercury from vaccines or other sources of environmental exposure you have had after the fact, a targeted approach using specialized nutritional formulations designed for that purpose can be a vital part of an overall strategy of detoxification.**

**https://www.wellnessdoc.com/shopwellness/heavy-metal-and-chemical-detox-program/** **And now on to the introduction!**

# *INTRODUCTION*

## IS THE SCIENCE SETTLED?

WE ARE CONSISTENTLY TOLD BY THE MEDIA AND THE MEDICAL SPOKESPERSONS ON TELEVISION, RADIO AND THE INTERNET, THAT "THE SCIENCE IS SETTLED" ON THE ISSUE OF VACCINES. BUT IS IT REALLY?

**THIS DOCUMENT WILL ANSWER THAT QUESTION WITH EMPHASIS!**

**The contents of this e-Book are evidence based and substantiated by extensive research published in medical and scientific journals.** It contains **SEVERAL HUNDRED LINKS** that you can click on, giving you instant access to the actual studies, corroborating everything reported in this document. In addition, the references contained in the excerpts from these studies **consist of thousands of additional studies** that also corroborate that evidence.

To the best of my knowledge, this is the most extensive exposé on vaccines to date and the first presented in this easy to search and share electronic format. If you have looked at the number of pages this contains and have concluded that you could never have the time to read it, sit tight because over the next few pages, I will describe the many shortcuts to get you to exactly the information you are most interested in. **For those that don't even want to attempt to read this, I at least want you to see what it contains. Read the whole introduction and then go to page 27 and scroll through the Table of Contents.** **The take-away you will get, is that there is such a massive amount of credible science that contradicts what we are being told and the current vaccine status quo, that we have to open an honest and unbiased investigation into the entire matter**.

For those currently supporting the vaccine agenda, I challenge you to read this with an open mind and contrast it with what you currently know and believe. Then let the evidence fall where it may. And as you will clearly see, THIS IS AN EVIDENCE BASED REPORT.

# We face a crisis of unprecedented proportions

We are facing an unprecedented crisis in our nation and the Western world. There has been a meteoric rise in the rates of autism, developmental delays, learning disabilities, allergy, asthma, autoimmune diseases and more in the way of chronic and debilitating diseases. And tragically, we are losing a large portion of the next generation of children to neurological, neurodevelopmental, behavioral and learning disabilities. According to statistics released by the CDC **in 2008, 1 in 6** children suffered from either autism or some form of developmental problem! (https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html) Now 10 years later, given the increasing prevalence and current estimates, that number may be as high as **1 child in 4**! And, those statistics show that these developmental delays including behavioral and learning disabilities are continuing to increase at alarming rates. And, all of the learning and behavioral conditions have a prevalence much higher in boys. In addition, all across the spectrum, the rates of allergy, asthma and autoimmunity are nearing epidemic proportions.

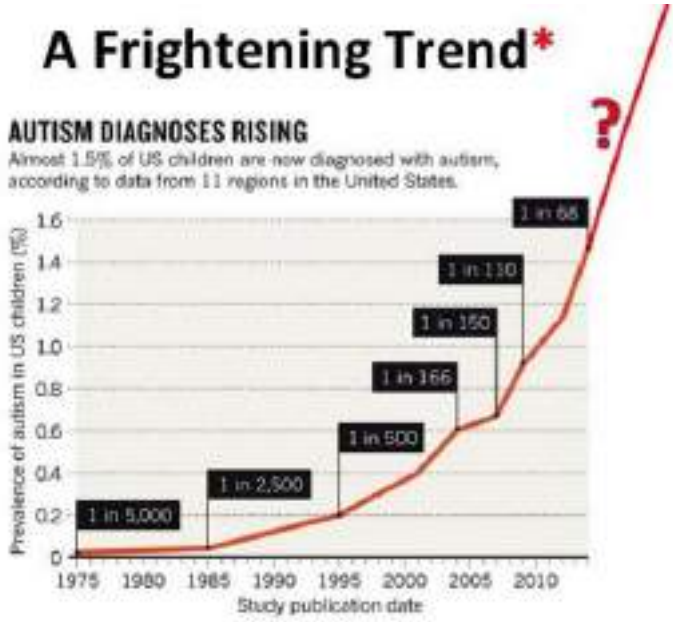
**Autism Spectrum Disorder (Autism)**, is just one of those many conditions that are affecting our children. But it is the condition that get most of the press. The incidence of autism is rising sharply and unabated. The **2014** CDC estimates were that **1 in 45 children were autistic (NHIS data*)**, up from **1 in 150 in 2002 (ADDM Network **),** just 12 years prior**. Compare that to rates of autism estimated at 1 in 10,000 in the 1950s and 1960s, 1 in 5,000 in the 1970s and increasing to 1 in 300 in the 1990s.**

* https://www.cdc.gov/nchs/data/nhsr/nhsr087.pdf

** https://www.cdc.gov/ncbddd/autism/data.html

When the **2018** statistics come out in less than 2 years, it is expected that the rate of autism may be as high as **1 in 25** children, with approximately 4 times as many boys than girls being affected. That means that approximately **1 in 5 boys** will be on the autism spectrum!! Many experts believe at the current trajectory, somewhere between the years **2025 and 2032**, **1 in 2 boys will be autistic!!** And, that is not even considering the crippling rates of other intellectual disabilities just mentioned. **THIS IS COMPLETELY UNACCEPTABLE!**

This chart published in ***Nature- the International Weekly Journal of Science***, shows the rate increases up to 2011, when the rates were 1 in 68. As just mentioned, the rates as of 2014 were 1 in 45 and the projections for when the 2019 rates come out may be as high as 1 in 25.




*K. Weintraub, Nature 479, Nov. 3 2011, 22-24.

What would this mean for our society? It is estimated that it takes between two and three million dollars to raise an autistic child. Think about the current cost economically. And as the proportions of autistic children continue to increase, the cost over the next thirty years of raising millions of young people on the spectrum will be astronomical! We cannot sustain it. Just doing some simple math let's take just boys, since the prediction of 1 in 2 becoming autistic is only for boys. There were approximately 2-million boys born in the U.S. in 2017*. If we reach a point (heaven forbid), where 1 in 2 boys are autistic, conservatively using today's birth numbers of 1 million boys, and the current cost of an estimated of $60,000 annually to raise an autistic child to age 40, that amounts to an annual expenditure of 60 billion dollars at today's cost! Add girls in to the equation and that expenditure climbs to around 80 billion dollars (since autism is 3-4 times more prevalent in boys, fewer girls are affected). Over 40 years (**without** inflation factored in), **that amounts to 3 trillion, 200 billion dollars (3,200,000,000,000)! That is very close to the nearly 3 trillion 400 billion dollars in TOTAL health care expenditure FOR ALL U.S. health care spending in 2017***. This will be an economic disaster! It gets worse. In addition, consider that as the years elapse, most likely many more boys and girls will be born annually than at the current birth rates. And, when the increased costs of caring for an autistic child, (i.e. medical and educational/vocational costs) increase, which we know they will, all of a sudden that huge spending number we just considered could be twice as high. And, to make matters even worse, this calculation doesn't even take into effect the added costs involved for

children with other neurodevelopmental delays, learning or behavioral problems, chronically ill with allergies, asthma and autoimmune disorders.

In addition, can you imagine the impact on us socially, on militarily readiness and on the affected children and families themselves? What about our intellectual capacity to churn out scientists, inventors and business innovators for the years to come? The clock is ticking. Left unchecked, it is truly a doom and gloom scenario. We must get to the bottom of it and we must do it now! And by sharing this document, you can be a part of the driving force to make this happen.

* https://www.cdc.gov/nchs/data/vsrr/report004.pdf
** https://www.ncbi.nlm.nih.gov/pubmed/24911948
*** https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/ForecastSummary.pdf

It is my hope that this document will be the clarion call, that will create urgency and a groundswell of public insistence that action be taken in identifying the causative factors and changing them before it is too late. And you can help be a difference maker. In a few pages, you will find links to the download page for this e-Book and social media links to share it throughout your sphere of influence.

## How to get the most out of this document

## This document is interactive

First, a bit of housekeeping before I launch into the meat of this, and there is **A LOT** of meat in here!

To make it easy for you, I have copied quotes and summaries directly from the articles themselves for you to easily read. That allows you to get a snapshot of the conclusions the researchers have come to, without spending hours reading often very technical information and data.

This manuscript is designed to be read on a computer, as **it is an interactive document**. **It has hundreds of active links in the Table of Contents that will connect you directly to the page in the document where that topic is found. That way there is no tedious and time-consuming scrolling necessary. Beyond that, there are also links in each topic, that take you directly online to the article.** The vast majority of the references are peer reviewed medical and scientific journal articles, that are found on the ***National Institutes of Health*** database called ***PubMed***, which we all have free access to. Other sources are reports from government

agencies, articles, books and public interest watchdog groups. I have been careful to only use referenced and evidence-based information that has substantiation. I have even traced references from the independent web site and public watchdog groups articles contained in here. This easy-access, interactive capability, will give you the instant ability to see the evidence for yourself right from the scientists and researchers, rather than simply taking my word for it.

You are about to have **direct access to hundreds of studies and indirect access to thousands of studies** through the references that dispute, and in many cases widely dispute what we are currently being told about the safety and efficacy of vaccines. If you take into consideration the references just from the sections of the articles I have quoted in this eBook, **it actually represents thousands of studies,** not just the **1200 plus** studies and sources covered in this document. The beautiful thing is, that these are all **free** direct public access research that every American (actually every person in the world), has direct access to 24/7. Some of the information is from the abstracts or summaries of the full articles. Some of the articles are free in their entirety and some are available for purchase. When you click on the full text link, if there is a fee to purchase the article you will be directed to the option to do so. But don't worry, all of the abstracts I have cited can be accessed free, and almost all of the full studies are also free should you choose to read the entire article.

When you are directed to those articles, **some are merely summaries of the research**. **Some will have a free full text link on that first page**, whereby you can view or download the entire article and read it if you have the interest and the time. **If you want to cut to the chase, you can read the results and conclusion part of the abstract or summary of the article.** If you open the **full article, you can also read the conclusion or discussion at the very end of the article which typically has additional details than the abstract on the first page**. With a few of the links, a box may open warning to be sure it is a trustworthy source. That is because you are opening a PDF file directly. I have tested all those types of links and at the time I tested them they all worked perfectly without resulting in any problems with my computer.

What I don't want anyone to lose sight of, is **that this body of evidence represents hundreds of thousands of hours of hard work and discovery, put in by dedicated doctors, scientists and researchers seeking the truth, wherever that may lead them**. This project is as much a testament to them and their contribution to the evidence and data. For the first time at least at this level, the harmony of the full complement of information all of them have provided is on display. This, so that you and everyone you are willing to share this with, will have unfettered access to this untold story. In fact, this is a story that many do not want told.

**Charts, graphs and tables-**

I have only included a few charts, tables and graphs in the body of this document, because it would have made the file size of the document too large to email. However, there are links

directly to many of these visual graphics either directly or accessing them from the articles that you can connect to. And, when you see them it will emphasize the points, findings and conclusions of the research. A picture can truly be worth a thousand words!

One more thing to be aware of, is that some of the words contained may be difficult to recognize or understand if you don't have a science background. That is because **you are actually looking at direct quotes from the research findings itself. Don't let that discourage you. By reading through the quotes and the conclusions, you will get a VERY good idea of what it is saying and the implications that are being made. In addition, as I will explain in a moment, I have underlined, bolded and even made some text red to give you the main takeaways.** This is all designed to help you make reading and understanding the key points very quick and easy.

***Italicized* comments within parentheses and statements not contained in quotation marks in this document <u>are my comments and opinions</u>.**

## This document is searchable.

**Here is a quick encapsulation of those features, with a detailed description of how to use them in a few pages.**

**With the document open, click on the edit tab in the upper left. Then select find. Then a search box will open in the upper right. Type the word or phrase you want to search for and click on next. It will take you the next place in the document that the word or phrase is used.** For example, you can type the word measles, or you can type in the phrase adverse reactions, and as you click the next (or previous) button, you will be taken to every place in the document forward or backward sequentially where measles or adverse reactions is found.

Because every study or article presented has active links directly to the article itself, I have not included a table of references. Tables of reference can be helpful, but very tedious to use. You have to look each one up manually in order to access it. That can take an unreasonable amount of time. With this document you have **instant access** to each reference and directly to the information that is referenced simply by clicking on the link.

Often, numbered footnotes to the references are placed within the text of a document with the actual references listed at the end of the study or article after the conclusion. I have omitted those numbered footnotes in the excerpts quoted. This is to facilitate ease of reading and because all the footnotes would not be included within *1200 Studies* itself. When you click on the blue link to the abstract or article within each section, you can easily find the original footnotes and references for review in the source document.

## This document is extensively researched and referenced

**Each article you have access to, may have dozens or even hundreds of references to other scientific articles that the authors used to support, validate and verify the quotes, statistics, points and findings of the other studies that they are referencing.** This is how you can have access to literally many thousands of studies that support the positions that this document is validating. In fact, when you consider the sources of the information I am presenting here, it represents tens of thousands of articles from peer reviewed scientific journals! These are not "fringe" studies. Many of the journals are considered some of the most prestigious ones in the world, journals like the Journal of the American Medical Association (JAMA), JAMA Pediatrics, The Lancet, The British Medical Journal, The New England Journal of Medicine, the Cochrane Database Systematic Review and the Journal of American Physicians and Surgeons just to name a few.

### There are over 45 different medical and scientific disciplines represented by the studies in this eBook, representing a vast array of scientific perspectives

Hundreds of these studies you will see are from highly respected and reputable journals in the fields of biology, molecular neurobiology, toxicology, molecular medicine, biochemistry, inorganic biochemistry, immunity, immunology, immunotherapy, immunotoxicology, autoimmunity, virology, infectious diseases, neurology, neuroscience, neurodegeneration, brain injury, laboratory medicine, vaccines, prenatal medicine, perinatal medicine, pediatrics, child psychology, child neurology, developmental disabilities, family medicine, psychiatry, environmental health, environmental chemistry, environmental medicine, epidemiology, hospital epidemiology, molecular science, pharmacology, drug safety, public health, nephrology, nutrition, autism, medical research, genetics and epigenomics, infection control, rheumatology and investigative medicine.

In addition, I have drawn from Reports to Congress, information from the CDC, the FDA, HHS, the Institute of Medicine, National Academy of Sciences and other government agencies.

## This eBook is meant to be distributed as widely as possible.

I have attempted to remove any objection to accessing this. That's why I am making it **free of charge**. The majority of people that have known I was working on this, have told me to charge something for it, even $5 or $10. Despite that encouragement, my heart told me to allow everyone the opportunity to see this without any financial expenditure. So please share it far and wide! I would also strongly encourage you to share this with your doctors, as most of them have no idea that this information exists. And doctors once educated, can be a driving force for

reform and change. Near the end of the book, I have tools that will also allow you to easily share this with your state and federal elected representatives.

## There are several ways you can help to get this message out.

1. Share this through email **with everyone in your e-mail address book**. It is a small enough file size to send as an attachment.

2. Share it **on all of your social media** sites by clicking on the links to those platforms in a couple of pages.

3. Share it to everyone you know **by copying and sending them the link to the direct download**. The link you will see in a couple pages can be copied and pasted into an email. Once they click on it in the email you send them, they can read and/or download it to their computer.

4. Tell everyone you can to **go to 1200studies.com** and download this eBook for themselves. If for some reason that link does not work, they can go to **wellnessdoc.com/1200studies** or **chiropractic.org/1200studies**, where backup links are available.

5. You have my permission to host a download link of this eBook on your website and share it with your visitors if you have the capability to do so. There are only two things I ask. Do not change or alter anything and do not charge anything for it.

This is very important. You have my permission to share this information with everyone that you can, but please **DO NOT** charge anyone for it and **DO NOT** use it or any of the information that it contains for commercial purposes.

## Why is this e-Book so long?

This document started as a response to social media posts, grew to an article, then to a book and now into arguably the most thorough, detailed and easily utilized resource that has ever been created on this topic. The real reason that it is so long and has now taken me 22 months, is that once I dove into the research, it just kept coming and coming and coming with no end in sight. My explorations opened up “rabbit trails” that led me to new and compelling data I had to include. These regular “detours” have produced a continual stream of new and relevant

information. I literally could have kept adding and adding, but my strong desire to get this out has finally overcome my wish to be even more thorough. In fact, there are many new articles coming out every week on this subject. **As much data as this eBook contains, it is still literally just the tip of the iceberg!**

Even though the information is very science based, I really believe that if you have a curious mind, or like drama, intrigue, suspense or a good cliffhanger like a good novel that keeps you on the edge of your seat, you will love this and will not be able to "metaphorically" put this eBook down. The great thing about it is, whenever you here a controversial debate, argument or claim about vaccines, now you have a resource to check out the facts. You can quickly access information that is organized, summarized and referenced.

## These are the reasons I wrote this and how you can get the most from it

**DEDICATION:**

**This eBook is dedicated to the hundreds of thousands of children that have been lost to vaccine injury AND their families who have suffered unimaginable hardships on so many levels. As you will see in this document, those shocking numbers are no exaggeration. In addition to those conditions developing in close proximity to the delivery of vaccines, this document will demonstrate that there is very good reason to believe that the meteoric rise in the incidence of autoimmune diseases, chronic neurological, immunological, reproductive problems and chronic illness is also associated with the tremendous increase in the number of vaccine doses that have been added to the schedule over the last 50 years.**

**There is a blatantly false and dishonest public narrative that vaccines do not cause serious injury and death. Rarely, a spokesperson will acknowledge and then minimize those facts, but then will rationalize and justify those cases as unfortunate casualties necessary "for the greater good of humanity". This eBook will challenge both of those erroneous positions.**

**My prayer is that this resource will be instrumental in demonstrating through a massive amount of credible scientific evidence, that there are indisputable reasons to warrant complete and independent investigational oversight of all facets of the vaccine industry and their products. In doing so, the truth will come out and if the necessary changes are made, it will spare countless numbers of people from developing these life-altering acute and chronic conditions in the future.**

## Important to the genesis of this eBook:

As mentioned previously, this e-book started as a response to social media posts I was seeing. It has taken on a life of its own, as the more I researched, the more I found. Every time I thought I was near completion, more essential to share information popped up on the radar screen and I couldn't leave it out. **The evidence you will see, is so compelling that I promise you, that you will be blown away.** This e-book could have been well over a thousand pages long. That being said, 732 pages is a lot of information. **DON'T LET THAT INTIMIDATE YOU.** I have a several ways to help you shortcut the process. If it is more that you want to read, **PLEASE AT LEAST read the Table of Contents!** If that peaks you interest, but you still don't want to tackle over 700 pages, **skim the table of contents and find topics that interest you**. Then you can click on each topic you want to explore, and you will be taken instantly to that page. You can even search by key word or phrase (more on how to do all that in a bit). Even before the interactive Table of Contents, you will see **a list of the major categories discussed in the order that they appear in the document.** This will give you a broad perspective of what is in here. The Table of Contents will give you a really good idea of the extent of the massive amount of information that YOU NEED TO SEE in this eBook.

In addition, to create another time saving shortcut I have underlined, **bolded** and even typed in **red bold** font some of the most important key points. The underlined are very important. The bolded are the emphasized points. And, the red bolded are the main take-aways. Be aware that those are my edits and not those of the authors, study or article. So, if you really want to get the cliff notes, just read those. I highly recommend reading it all, but rather than lose some of you that don't have the time to do that, I wanted to give you an alternative that will prove to you that **THE SCIENCE ON VACCINES IS FAR FROM SETTLED!** In spending just a little bit of time, you will see that I have amassed an **OVERWHELMING** amount of evidence that contradicts what you are being told by the media, many doctors and the pharmaceutical industry. That is the reason I went to the extreme effort and extent to write such an exhaustive document. I didn't want anyone with even the slightest amount of intellectual honesty to be able to deny that statement. You will see what I mean **if** you read it.

In fact, those that say that the science is settled and have planted their flag firmly on the side that vaccines are completely safe and effective, have either never heard the scientific basis for questioning that premise, or they have a personal, professional or financial agenda. If and when they read this with an open mind, I believe that they will have their perspective flipped 180 degrees by the time they are done!

## My Mission and Purpose:

I am not a scientist. I am not a researcher. Scientists and researchers are much smarter people than me. In fact, the contents of this document are credited to brilliant people like that. I am a physician that has worked in health care for over 30 years. My "gift" to contribute to this project, is that I have a very inquisitive and investigational mind. And, I have a voracious appetite for pulling back the curtain on a particular subject and looking behind it to see if what was being displayed on the façade (or false front) is true and accurate. Many things we are told in science and medicine are not exactly as they appear. If we are told something repetitively and long enough, we tend to believe it as fact.

**In this fact-finding mission, I am committed to do what I can to change the trajectory of chronic childhood illness, including the epidemic of neurological and immune related diseases and disabilities that we are seeing in the western world**. You will see when you read this, that the illnesses I am referring to are not the typically self-limiting infectious diseases like measles, mumps, chicken pox or the flu. It is a litany of much more serious, debilitating and costly long-term chronic illnesses plaguing our society, that are threatening to exhaust our health care system and bankrupt our economy. You will see the evidence of that in this document.

One more thing. I have dedicated nearly two years to this project. As you will see, it has been a huge undertaking! This is the first time that all of this information has been made available to the public and especially in a format that allows rapid search and discovery features. To do so, I have had to put my Wellnessdoc health and lifestyle coaching practice on the shelf to devote the time required for this project. I want it to reach every person that is willing to take an objective look at this subject. I want to encourage YOU to send it to all of your friends, family and contact lists via email and ask them to do the same. Post the link to download on your social media and in your post ask everyone to do the same. If anything ever needed to go viral (pun intended), this is it! The time for this conversation and open public debate is long overdue. You can be a catalyst for creating a public discussion, that will shine the spotlight on the mountain of suppressed evidence that contradicts what we are told by the media, governmental agencies and the medical establishment. You will see it all in this document.

We need to question the status quo and kickstart this conversation using real science. Social media will be the perfect way to do that and you can help. I would like to encourage you to use these links and share this article with everyone you know on your social media outlets.

## The most important question before we start

Before you start to read this, I would like to ask you one simple question. **What is your level of confidence in what you are told regarding vaccines by the pharmaceutical industry, the government, the media and most medical doctors?** Give me a percentage between zero and 100% with 100% being you believe everything they are telling the public and 0% being that you believe nothing that they are telling you. Write that number down. When you're done reading this document, I'm going to ask you the same question, simply to see if the case I make is persuasive or not, one way or the other. Please be objective and open-minded.

## The challenge is intellectual honesty

I realize that what I am presenting in this document is controversial. Probably the biggest reason it will face fierce opposition is because vaccination is the "holy grail" of medicine. It has been touted as medicine's greatest achievement and the reason for the decline of infectious disease. This will all be challenged by the evidence I am presenting here.

No matter what your opinion on vaccines, I challenge you to take the time to read this document through to the finish, **including looking at the links to the references showing you the proof of what I'm saying and what the articles reveal**. **If you feel strongly about this issue one way or the other, isn't it worth investing that small amount of time to investigate the evidence?** After doing so, then decide for yourself based on the merits of the **EVIDENCE**, NOT based on your pre-existing bias, what you hear from the media, the pharmaceutical industry, doctors or the government OR even by what you hear from the people that dare question the safety and efficacy of vaccination, sometimes referred to as "anti-vaxxers". I prefer to use the term vaccine skeptics.

## Are you willing to follow the evidence, wherever it leads?

I started "neutral" in the vaccine debate**. I am strictly an evidence-based person. I research, study and base my opinion on the preponderance of the evidence.** If you are an "all-in" pro-vaccine advocate, **I have a challenge for you**. If you believe everything you hear about how safe and effective vaccines are, because doctors, politicians, the government and the media says so, I want to challenge your assumptions. Yes, I said assumptions. Because, if you've made up your mind without looking at the evidence, you are no better than someone sitting on a jury convicting somebody of a crime after listening to the prosecuting attorney's make their case,

without the defense attorney even being allowed to present his or her case to you. How intellectually honest is that? Could you in good conscience, convict somebody and sentence them to life in prison based on hearsay testimony, without evidence to corroborate those claims and without considering the evidence that the defense has to offer? If you are willing to parrot what people tell you about the vaccine issue without taking the time to investigate it yourself, then you are no better than that. Sure, everybody has a right to their own opinion, but unless you investigate the facts on both sides of the issue in order to determine what you believe and base your belief on the evidence, then you have no right to assert your opinion on others that disagree with you. You may be surprised to learn that a large number of people who have serious concerns about vaccines, have done a good amount of homework to base their conclusions on. If you are a person that questions the safety and efficacy of vaccines, I am asking you to do the same. Not everything that you hear from the people on the far end of that spectrum is accurate either.

## Looking for Civil Discourse

What do people do when they don't know enough about something to have an intellectual argument? They get angry, they mock, they criticize, they denigrate, they call names, they curse, and they belittle. That is exactly what Jimmy Kimmel did in his condescending monolog and angry medical doctor tirade. We also see this graphically in today's political climate.

This is exactly what is also happening today in the debate over vaccination. The vaccine skeptics assert their right to decide what goes in to the bodies of themselves and their children. They have been educated to certain facts and seen and heard the evidence from doctors, scientists, former pharmaceutical researchers and organizations that have assembled valid information and data that warrants questioning and a serious debate. They really just want to have the freedom to choose what they allow to be put into their bodies and the bodies of their children.

The vaccine proponents state their opinion very loudly and militantly, opining that the people who question the safety and efficacy of vaccines, are lunatics and idiots that don't know nearly as much as their own child's pediatrician. They say, if it's good enough for the government to approve, and good enough for most doctors and the media to approve, then it's good enough for my child! They feel based on what they have been told, that those who do not vaccinate are putting themselves and their children at risk. I get that concern, based on the power and reach of the public information campaigns. Had I never been exposed to the steady stream of data I have over the last 30 years that contradicts those positions, I would likely feel the same way myself.

## Be a "healthy skeptic"

I am a huge proponent of healthy skepticism. This is what I do on virtually every topic of importance that I'm faced with. I am skeptical. But my skepticism is also combined with an open mind and a desire to seek the truth. That is healthy. Yes, there are times when I spend an inordinate amount of time researching to find the preponderance of the evidence. But once I have made a decision, my conscience can rest knowing that I've done my very best to come to an accurate, valid and truthful conclusion. That is all I am asking you to do.

## Follow and test the facts

If after you devote time to a serious fact-finding investigation and you come away with the resultant opinion, then you can rest in knowing that you have looked at the evidence with an open mind and can speak confidently about what you believe. If you are intrigued by what I'm presenting, you could run down dozens of additional articles from peer-reviewed medical and scientific journals referenced in the topics I have included here. If you did that, it would further reinforce and support the conclusions of the already extensive list of references that I have placed within this e-book. Keep in mind, that for every article I cite, the authors often cite anywhere from 100-200 references from other peer reviewed articles that support the data they present and the conclusions they make. The evidence is truly overwhelming. The quotes from the articles also have reference identifiers in the original text you will see if you follow the link to the source. I have removed them in this document, because adding all of those additional references would be such a massive undertaking. By following the link to the original document, you can see where those statements that are referenced are credited to.

It's true, that to dig deep into this topic you would need to spend many hours looking at all the data. But I am convinced that if you did, there is only one conclusion that you could be left with and that is this. That there needs to be serious and exhaustive **independent** investigation regarding the safety and effectiveness of vaccines, including the corruption within the pharmaceutical industry, the Food and Drug Administration (FDA) and the Centers for Disease Control (CDC). Yes imagine that, corruption at the highest levels of industry and government. Have you ever heard that assertion before? It certainly isn't anything new. According to Lord Actin, a British Historian from the late 19th and early 20th century, **"Power corrupts and absolute power corrupts absolutely."** His observation was that as a person's power increases, their sense of morality decreases. In the vaccine world, there is a revolving door that allows people to go back and forth between the CDC and big pharma, gaining lucrative positions in the process. Yes, the CDC and vaccine manufacturers have an incestuous relationship (which you will learn about in this document), for far too long. This is exactly why we cannot allow either

the CDC or the pharmaceutical industry to be in charge of the **neutral and unbiased** research that needs to be done on vaccines. The fox has been watching the henhouse long enough.

Personally, I have always remained neutral when asked by my patients, if I think they should vaccinate their child. I have provided them with information consisting of books and studies on the subject and asked them to request the same from their child's pediatrician. I would tell them to gather those professional opinions, read the research and study the evidence on both sides of the subject. After all of that, make a decision as to what they believe is in the best interest of their child. In the end, I am going to assert that right for every parent. In fact, if you decide that you want to vaccinate your child, but are concerned about some of the red flag issues that are presented from the science in this document, I am going to recommend you get guidance from one of hundreds of pediatricians that are willing to work with parents to support legitimate and appropriate exemptions, or to modify the vaccine schedule as warranted. These are recommendations that more and more pediatricians who have taken the time to study this topic are currently making for their patients. And many of them are taking heat for it. But kudos to them for standing up to the bullying.

If you choose not to vaccinate, I believe that you have the right to choose what goes into your body or the body of your child. I respect each person's right to choose, especially in the light of what I am about to present here. If you are wholeheartedly supportive of vaccines, before you have a knee jerk reaction and navigate away from this eBook, I challenge you to stay put and look at the evidence I am presenting here. If you suspend your bias and what you know up to this point and simply look at what thousands of scientists and researchers have to say about the subject, you will if nothing else, gain a different appreciation as to why so many people have their reservations.

## Is there a ONE CAUSE of anything?

**You may be surprised to learn that I do not believe vaccines are THE cause of autism**. When I say THE, I mean THE ONLY cause. I cannot think of one condition or disease known to man that has only one cause. In addition to genetic influences, there are always epigenetic influences. Epigenetics describes the way our genes interact with our environment. Everything in our environment, physical, chemical and emotional interact with our genes. As you will learn from this document, autism and its full spectrum of neurobehavioral conditions display a pattern of certain antecedents, triggers and genetic components that predispose an individual to damage. Once you complete reading this document, you will be hard-pressed to deny that vaccines given to susceptible individuals can be a powerful triggering mechanism.

I am so excited that you are making the decision to seek the truth. Because in the end, the **TRUTH WILL PREVAIL!**

**To Your Better Health,**

**Dr. Alan Palmer** *(Author Bio at the end of this document)*

## Consider supporting this effort

If you find this project helpful, educational, or even life changing for you or someone you love, please consider making a donation. There is a donation button here and at the end of this e-book. Even the amount that you would spend on a regular book would be greatly appreciated.

**Donate securely here**

**Thank you in advance to all of you that will consider supporting this cause. But for those that need to be convinced first, I understand. And I intend to earn your support with the content of this manuscript. I am sure that by the time you finish, you will be astounded and inspired to share this information with the world. For full disclosure, this is NOT a non-profit donation, so it would not be tax deductible. And it is not payment for the information, but simply a voluntary donation in appreciation for the work involved.**

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# *COVID-19, AKA SARS-CoV-2*

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## Nothing has ever captured the attention of the whole world like the latest pandemic of SARS-CoV-2.

And, with the inaccuracies of the catastrophic mortality projections, the exaggerated reporting, the inflated death rates setting the whole world into a panic, people are asking what is the truth? As the data rolls out and we look RATIONALLY at the facts, a different picture is emerging. I am in no way trying to downplay the severity of becoming infected with COVID-19 if

you are in the subset of individuals at highest risk, because for those people the infction can be deadly. Fortunately for the vast majority of people, the symptoms are mild or even non-existent. But, as we learn more every day about how the virus exploits vulnerabilities and does its damage, we can create lifestyle and nutritional strategies to protect ourselves and our loved ones.

## Would you like to receive monthly updates on the research, news stories, insider information and more as it relates to COVID-19 and the wide spectrum of issues relating to vaccines?

For just $6 a month, you will also learn more about the stories behind the stories and will be able to shed the fear by arming yourself with facts and a game plan of prevention and early treatment if you do become infected.

**Subscribe to my monthly newsletter**

---

## *Share 1200 Studies with your friends*

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# *Instructions for using the searchable and instant access features of this document*

You may want to print these next three pages, to have on hand as a reference tool until you get the hang of the rapid navigation tools this document provides you.

1. The first thing to mention is that when you click on a link to look at a study **Adobe may open a window titled "Security Warning**", asking if you trust this site. It says, "This document is trying to connect to, and will list the site it is trying to access, so that you can see where it is taking you. **To prevent the security window from popping open every time you try to access an article from that site, simply check the check box in that window that says, "Remember this action for this site for all PDF documents".** The vast majority of the articles are from PubMed or the CDC. Therefore, if you check the "Remember this action… box the first time you try to access an article on PubMed, you shouldn't have to do that again for any other PubMed based article. You may choose to do that with any of the others as well. Most of the non-PubMed articles are accessed from the sites where that journal article is hosted.

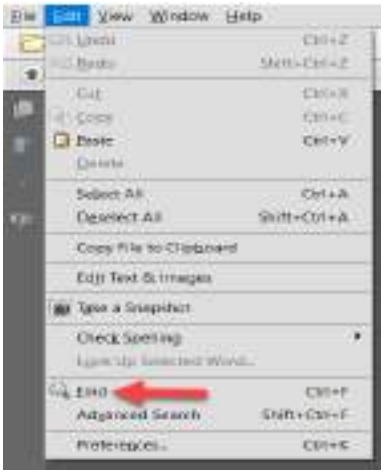
2. Next, the page numbers you see in the window of the PDF reader may be 1 page off from what the page number on the page itself says. I tried several corrections for that without success. However, the instant access link on each topic of the Table of Contents should take you directly to the correct page number.

3. Next, depending on the program or web browser your computer uses to open this document, the first part of these directions on key word searching may or may not apply to you. These are specific for Adobe Acrobat Professional, however Adobe Acrobat and some of the others may have similar features for searching. You can also change the **file associations** on your computer to have a PDF opened with other programs.

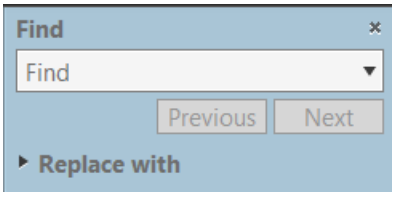
## Key Word Search-

In the upper left of the window, click on the **Edit** tab….Then this window will pop up.

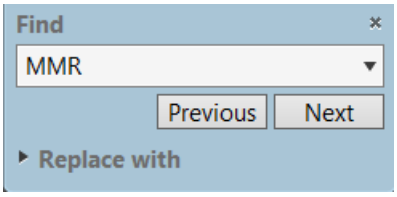
- Click on the word **Find** (where the red arrow is)




A new small window will pop-up in the upper right of the document toolbar area.




Type in a key word or phrase you want to find in the document. For example, you can search MMR, adverse effects, mercury, autism, hepatitis B, prenatal exposure, etc.




Then you can navigate continually to the next place that MMR (or whatever key word or phrase you use), is used by clicking on the **Next** button. Or, you can go back to the previous place it was found by clicking on the **Previous** button.

## Jump instantly to a topic on any page in the document-

As mentioned previously, in an effort to cut to the chase and save you lots of time, **the document allows you to jump directly to that topic**. This way, you can selectively peruse the topics you are most interested in.

**In the <u>Table of Contents</u>, you will find topic titles. Find one that you want to read about.**

- Hover your cursor (which may look like a hand), over the title.
- Click your mouse or the lower left of your touchpad on a notebook computer. You will be transported directly to that page in the document. No tedious scrolling!

**Return to last visited place in the Table of Contents-**

- **If you go to that page and then decide you want to return to that same place in the Table of Contents, just hold the alt key down and push the left arrow once**. As long as you haven't clicked on another link in the article, it should return you to the same place in the Table of Contents. It will only go back there if you haven't navigated away from where that originally took you. **If you have tabbed up or down from that position, you can sequentially push the left arrow as you hold the alt key down. Each push of the left arrow will have you back one previously visited position in the document.**

## Go to source article or study-

Within each topic, you will find the source abstract, article or story that the topic was derived from. To go directly to that source, simply hover your cursor over blue colored link in the topic content and click your mouse or lower left corner of your mouse touch pad. It should open a browser window directly to that source. If the source is a PDF document, you may have a window pop up asking if you trust that source. I have tested all of the PDF links and they have all worked perfectly for me with no issues.

## To go directly to a specific page

Select the View tab

Click- Choose page navigation
Click- -Page
-and the open page window will appear
-type the desired page number in

Another way to open the open page window is by holding Shift + Ctrl + N

### To enable scrolling if the scrolling bar is not visible on the right side of the page

If your scrolling bar is not visible on the right of the window you may try the fix found here.
https://www.solveyourtech.com/how-to-enable-scrolling-by-default-in-adobe-reader-xi/

**If you have touch screen computer**- it is possible that touch screen mode is enabled by default. You can toggle it off and the **scroll bars** will be shown. Open Preferences by clicking Edit and select Preferences. Next, select General on the left menu and change Touch mode to Never.

## A "bird's eye view" OVERVIEW of the major Categories

The following list **does not** have the instant access links taking you directly to the page. It is merely a broad overview of major categories of topics in the document. **It is by no means a comprehensive list of all that this e-book contains but should give you a general overview of just a few of the topics covered and the order of which they are presented.**

A DETAILED table of contents providing instant access through active links with page numbers, follows this general overview on page 27.

## GENERAL OVERVIEW-

**Preface**

**Introduction**

- Is the science settled?
- The Looming Crisis we face
- The unique search, easy access and source study access of 1200 Studies
- My Mission and Purpose behind this project
- Are you a truth seeker? Follow the evidence
- Sharing and Instruction pages for getting the most out of the interactive features

**Arguments and Assumptions**

**Vaccine Ingredients**

- Mercury- (see additional under autism link)
- Aluminum- (Link this to the long section on aluminum on 162-186)
- Why are mercury and aluminum used? (put Adjuvants & Preservatives here)
- Other Ingredients & toxicity profiles
- More on Human DNA from aborted fetuses in vaccines
- Contaminants in vaccines

**Autism**

- Facts and Statistics
- Epidemic Proportions- A crushing wave of damaged children is coming
- Vaccine coverage & autism

- The role of fever
- Mercury's role in autism, autoimmune conditions and more
    - How much is in vaccines?
    - Why autism has continued to climb as mercury was reduced
- Human DNA fragment contamination
- Large increases in aluminum

**Vaccine risks to the fetus during pregnancy**

**The Lynchpin- Too many shots too early**

**Acetaminophen (Paracetamol) connection with autism**

**One-way vaccines cause brain damage: Immune activation resulting in inflammation**

**The epidemic of Autoimmune Diseases and the vaccine connection**

**Other adverse health conditions linked to vaccines**

- Gulf War Syndrome
- Obesity
- Type 1 Diabetes
- Emotional and Psychiatric disturbances
- Seizures
- Allergies and Asthma
- Immune overload
- Alzheimer's Disease

**Chronic diseases produce a demand for other medications- The vicious cycle**

**Bias, conflicts of interest and scientific deception**

- Many studies commonly used to support vaccines riddled with issues
- Become your own conflicts of interest researcher
- Conflicts of interest at the CDC

**Vaccine safety and the prevalence of vaccine injury**

- Informed consent sorely lacking
- The National Vaccine Injury Compensation Program (NVIC)
- Low reporting of vaccine adverse reactions
- Vaccine safety testing far less rigorous than other drugs
- Long term safety testing before release is very rare
- Register on Pubmed to receive updates on vaccine studies
- The 1986 National Childhood Vaccine Injury Act bailed out the vaccine manufacturers
- Semantics are used in the hearings- Autism is not compensated for, but brain damage is
- As vaccine doses increase, the number of hospitalizations rise

**Mitochondrial injury- One of the consequences of vaccine injury**

**World stats on countries infant and child mortality (death) correlates directly to the number of vaccine doses given**

**Institute of Medicine Report expresses concern over how different vaccines may be interacting with each other**

**Central Nervous System Demyelinating Diseases and vaccines**

**Transmission of the vaccine virus to others and mutant strains caused by vaccines**

**The Sudden Infant Death connection with vaccines**

**Vaccines may cause an increased risk of contracting other infections**

**Factors that can increase the risk of vaccine injury**

**Vaccines are suspected to cause DNA damage that is passed down multiple generations**

**Endocrine (hormone) disrupting chemicals found in vaccines cause numerous health problems**

**The Science is NOT Settled**

**Institute of Medicine says more safety studies are needed**

**Vaccines.gov a U.S. Government website is misinforming the public- See my rebuttals**

**Persecution of doctors that don't "Tow-the-Line"**

- The Andrew Wakefield Witch Hunt- lies and deception
- Daniel Neides MD

**Culpability for the spread of pro-vaccine misinformation- Let's place the blame where it belongs**

**True cost of mass vaccination campaigns**

**Infectious Disease- Separating fact from fiction**

- The facts about the decline of measles and other infectious diseases
- Death rates from infectious disease plummeted to nearly zero BEFORE vaccine for those diseases
- Manipulation of statistics
- Measles cases are significantly over diagnosed
- The real reasons for the precipitous drop of deaths from infectious disease in the west
- The real cause of infectious diseases
- Vaccine proponents are acting as if our modern societies are third-world countries and doing their best to sell everyone on the need for their vaccines to "save" them
- The germ or the terrain- Pasteur vs. Bechamp
- A parent's role in their children's immune competency
- Some newly discovered benefits of viruses

**Mis-information and marketing- A prevalent tandem in the vaccine world**

**Common myths continue to be perpetuated**

- Herd Immunity
- Non-immunized children are putting all the others at risk

**The ineffectiveness, dangers, misrepresentation and scandalous history of common vaccines**

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**The attempt to silence the vaccine backlash**

**Vaccine company profits**

**Conclusion**

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- Recommended quality nutritional support
- Detoxification strategies
- Specific nutrients and their benefits

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**Current Vaccine Exemptions in Various States**

**Questions to ask if you intend to receive or give your child a vaccine**

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**Help in contacting your federal and state representatives**

**Closing thoughts and remarks**

**Dr. Palmer's Bio**

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- **Appendix B-** Lists of references from letters to the Department of Health and Human Services from prominent scientists
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# The Three Main Pro-Vaccine Arguments

**Let's look at the pro-vaccine position. There are three primary arguments, based on assertions that pro-vaccine proponents use and most consumers accept as gospel. I will address these arguments, one at a time.**

1. **Doctors are the experts and we can trust them, as they are always right.** Their opinions must be true because they have years of medical education and have typically spent years in the medical field. If the concerns over vaccines were legitimate, doctors wouldn't be so confident that they are safe and effective.

   You may be surprised to find out that medicine has a long history of making very grave mistakes and have been slow and stubborn to change the official dogma *(a principle or set of principles laid down by an authority as incontrovertibly true),* even once the facts are well known. I will cover some powerful examples on pages 71-76.

2. **Vaccines are "proven" to be Safe.**

   ***In the current pro-vaccine ideology regarding safety, there are two primary assertions:***

   a. **Vaccines are proven to be safe**. Along with that, the ingredients in vaccines are harmless. This could not be farther from the truth, as you will see.
   b. **There is no connection between the MMR vaccine, mercury or aluminum and autism** (or any other type of neurological, learning or behavioral condition affecting children for that matter). As you will see, hundreds of scientific articles beg to differ with this brazen talking point. The huge amount of evidence cannot be denied, and I will share it with you.

3. **Vaccines are "proven" to be effective.** Vaccines have been the sole reason all the "horrible" diseases we vaccinate against have diminished so dramatically. That narrative

will be challenged with evidence directly from our government's own records and much more. And, the record of effectiveness for most vaccines does not hold up to scrutiny when published statistics and studies that I will show you are revealed.

## So here we go!

## Assumption / Assertion #1- Doctors are the experts and we can trust them, as they are always right

### Their opinions must be true because they have years of medical education and have spent years in the medical field.

Jimmy Kimmel is an agent of change. He in fact is one of the primary reasons for this e-book. Thank you Jimmy Kimmel, for spearheading this movement that will shine a light in some very dark places. Thank you for being the catalyst that will reveal the truth and science, that has been suppressed for far too long.

On February 27, 2015, Jimmy did a monologue criticizing those individuals who would question the safety and efficacy of vaccines for their children. It was scathing. It was nasty. It was rude. It was arrogant. It was insensitive. He parroted many pro-vaccine talking points that I will destroy in this e-book. They even videoed several medical doctors who took below the belt shots at parents who question anything about vaccination, even using cursing and indignant disgust in their description of the "idiocy" of parents would question such a sacred thing as vaccines and worse yet, their credentials superior knowledge as "DOCTORS". Kimmel's point, was how can these parents who question vaccines, possibly know more than medical doctors who have undergone eight years of postgraduate study? In fact, he makes a comment that would equate the stupidity of not vaccinating to letting your children smoke cigarettes. His point was that doctors tell you not to smoke and we think it wise to follow their advice on that, so it's ridiculous to not follow their advice to vaccinate. In two pages, on point number five you will see the irony in his example!

Watch this video now and then watch it after you read this document. I promise you, you will have a profoundly different reaction about the doctors and their glib comments after knowing the truth.
https://www.youtube.com/watch?v=QgpfNScEd3M

You will see after reading this e-book, that all these arrogant and pompous doctors did, was prove their naivety and ignorance. And you will agree, that all Jimmy did was demonstrate what an uninformed bully he is. He is someone with a bully pulpit, that condemns a whole group of people without taking the time to his homework. Shame on him. In fact, I would argue that most parents that choose not to vaccinate, or choose a less aggressive vaccine schedule, have done their research and probably know way more about the issue and the science than Jimmy Kimmel.

**So, what about trusting doctors unquestionably?**

## Sometimes doctors get it wrong… Epic historical examples

So, are doctors always on the right side of history? Well let me take you briefly through a history of just a few of the things that medicine has fully supported with fervor, only later to be proven wrong. And it started over 170 years ago.

### Historical Examples of Medical Errors

1. **In 1847, Ignaz Semmelweis** an Austrian medical doctor, proposed that the incidence of childbed fever could be drastically cut by the use of hand disinfection in obstetrics clinics. **He proposed the practice of washing hands with chlorinated lime solution to prevent infections in patients.** Later he recommended washing surgical instruments to disinfect them. **His experiments showed that mortality due to infection could be reduced by 90% with the simple procedure.** He was first ridiculed and then ostracized from practicing medicine. For many years he fought the medical establishment in an effort to persuade them to adopt these procedures. **He was ridiculed and driven from practice. Unfortunately, his efforts fell on deaf ears for nearly 20 years, which frustrated him to the point of becoming mentally unstable. He was tormented because his common-sense idea was vehemently opposed. As a result, it cost thousands of people their lives.** Fortunately for mankind, the medical profession finally realized the importance of proper sanitary procedures in obstetric and surgical procedures. The medical profession was dead wrong about the stand they took.

2. A more recent example is that of **the drug Diethylstilbestrol (DES).** From 1940 to 1971 DES was given to women with the belief that it would reduce the risk of complications in pregnancy. In 1971, **DES was shown to cause Clear Cell Carcinoma, a vaginal tumor in girls and women who had been exposed to the drug in utero. Subsequent studies have shown an approximately 40 times increased risk of this type of cancer.** Women who were exposed to DES have also been shown to have **an increased risk of breast cancer and breast cancer mortality**. (Prenatal diethylstilbestrol exposure and risk of breast cancer. Cancer, biomarkers and prevention. August 2006. Lead author Palmer, Jr.). **Prior to the discovery of these horrible complications of exposure to DES, it was commonly thought that toxins were not able to cross the placental barrier into the fetus**. Unfortunately for so many affected by DES, again the medical profession was dead wrong.

3. **Another example is the common practice of x-raying babies in utero**. This was a popular practice until 1955 when **David Hewitt**, a statistician at England's Oxford University noticed that in the preceding few years there had been **more than a 50% increase in the number of British children dying of leukemia**. That prompted **Dr. Alice Stewart** of Oxford to search for a reason. Trained as both a pediatrician and epidemiologist, she did an extensive review of children in Great Britain who had died of cancer during the previous two years. She found that **twice as many cancer deaths occurred before the age of 10 among children whose mothers received pelvic x-rays while pregnant**. **As a result of her findings, she found herself facing a firestorm of criticism from the medical profession. She even lost her funding for her research.** She continued to persist and in 1958 with an expanded database she determined that **a fetus**

**exposed in the first three months of development was 10 times more likely to develop cancer**. Finally, in 1962 **Dr. Brian McMahon** of the Harvard School of Public Health did a study of 700,000 children born between 1947 in 1964. He found that **cancer mortality was 40% higher in children who were x-rayed in utero.** (Source: https://www.ratical.org/radiation/KillingOurOwn/KOO6.html )

4. **Thalidomide** was first marketed in 1957 in West Germany under the trade-name **Contergan**. The German drug company Chemie Grünenthal developed and sold the drug. **Primarily prescribed as a sedative or hypnotic, thalidomide also claimed to cure "anxiety, insomnia, gastritis, and tension". Afterwards, it was used against nausea and to alleviate morning sickness in pregnant women**. Thalidomide became an over-the-counter drug in West Germany on October 1, 1957. **Shortly after the drug was sold in West Germany, between 5,000 and 7,000 infants were born with phocomelia (malformation of the limbs). Only 40% of these children survived**. Throughout the world, about 10,000 cases were reported of infants with phocomelia due to thalidomide; **only 50% of the 10,000 survived. Those subjected to thalidomide while in the womb experienced limb deficiencies in a way that the long limbs either were not developed or presented themselves as stumps. Other effects included deformed eyes and hearts, deformed alimentary and urinary tracts, blindness and deafness.** (Source: https://en.wikipedia.org/wiki/Thalidomide )

5. **In February of 2006, the American Journal of Public health published an article titled, "The Doctor's Choice is America's Choice". This article chronicled the history of the cigarette industry's relationship with medical doctors. Medical doctors took center stage between 1930 to 1953 as the face of authority recommending cigarette smoking in tobacco company advertising.** One advertisement by Lucky Strikes Tobacco bragged "20,679 physicians say, 'Lucky's are less irritating'" and featured a white coated doctor with a reassuring smile. In the mid-1930s Phillip Morris, designed a campaign that referred directly to research conducted by physicians. The premise of their claim was based on studies showing that diethylene-glycol added to cigarettes made them "moister and less irritating" than other brands. This "benefit", then appeared in various medical journals. **This advertising touting medical doctors recommending various brands of cigarettes ran in those journals and became a steady source of income for well-respected medical journals including, the New England Journal of Medicine and the Journal of the American Medical Association**. (Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470496/ The Doctor's Choice is America's Choice").

## Contemporary Examples of Medical Errors

Medical doctors have created a problem that many scientists and health experts consider the number one thing threatening the survival of the human species on this planet. That is bacterial resistance due to **the over-prescribing of antibiotics. As a result of this practice, many bacteria have mutated now so that even the most powerful antibiotics that we have are ineffective against them**. And these mutations are fast outpacing our best efforts to develop new antibiotics. **Over the last several decades,**

**doctors have written millions of prescriptions annually for antibiotics to treat viral conditions including the common cold, something that antibiotics are useless for.** This is the caveat that all doctors are supposed to know. That antibiotics are completely ineffective against viruses. This practice of over prescribing, despite warnings from scientists in the medical journals that doctors are supposed to be reading, has been completely irresponsible.

**According to the CDC, bacterial resistant infections affect 2 million people annually and 23,000 die from them in the U.S.** https://www.cdc.gov/drugresistance/index.html This is physician caused, due to the overuse and inappropriate use of antibiotics.

> **This is an excellent article addressing this issue:** https://sciencebasedmedicine.org/overprescribing-antibiotics/ This **2017 article** in the ***JAMA Network***, underscores the importance of only prescribing antibiotics when absolutely necessary. It looked at ambulatory visits (those where the person walked into the doctor's office or hospital) during the years 2010-2011. **It found that 30% of the time antibiotics were prescribed were INAPPROPRIATE.** This is the major reason that "superbugs", as they are often called have developed and threaten our very existence.
>
> **30% of salmonella bacteria are now resistant to multi-drug intervention…** http://www.cidrap.umn.edu/news-perspective/2017/02/eu-nations-report-high-drug-resistance-humans-animals-food , **with one common strain in humans being as much as 81% resistant**…http://ecdc.europa.eu/en/press/news/_layouts/forms/News_DispForm.aspx?ID=1546&List=8db7286c-fe2d-476c-9133-18ff4cb1b568&Source=http%3A%2F%2Fecdc%2Eeuropa%2Eeu%2Fen%2FPages%2Fhome%2Easpx
>
> **According to the CDC, in 2011 hospital acquired infection occurs in 1 of every 25 people that visit the hospital equating to 722,000 patients. Of those 722,000 patients, more than 10% (75,000) died**. CDC.gov Health Care Associated Infections
>
> **Agricultural overuse of antibiotics in animals is another serious practice that contributes significantly to the problem and needs to change.**

**The overuse of antibiotics without consideration of the downstream problems that it may cause is a striking parallel to what we are now seeing with the overuse of vaccines. While vaccine do cause a reduction in the incidence of the infectious disease, that temporary "benefit" is now being eclipsed with the ever-increasing rates of chronic neurological disorders including, neurodevelopmental delays and disabilities, learning and behavioral problems, allergies, asthma, autoimmune and reproductive disorders. Many of these are becoming epidemic, increasing proportionally over time to the number of doses of vaccines with no indication of slowing down. Are vaccines the sole cause of that? I am not saying that has been proven, but as you will see in this eBook, there are hundreds of studies (currently over 1,300), that cast much doubt and, in many cases overtly refute what we are being told about the safety and effectiveness of vaccines. Stay tuned as you read on!**

**These are but six examples of very serious, even disturbing mistakes that have been made throughout the history of the medical profession.** Unfortunately, we have learned from history that some of the most staunch and confident positions taken by medicine, have later been proven to be deadly mistakes for millions of people, (as you will see on the next page). **As if these six are not enough, I have two more examples, because I don't think they should be ignored.**

The first, is that **medical care in the United States is FAR FROM SAFE**. Over the last 20 years, medical researchers have continued to downgrade the safety of the medical profession. An example is the **number of people that die due to medical error in hospitals annually**. In 1999, the prestigious ***Institute of Medicine***, published a report titled, **To Err is Human**. Dr Lucian Leape MD, a Harvard pediatrician who is referred to as "the Father of Patient Safety" was on the committee that wrote the report. The report was published in the ***Journal of the American Medical Association*** (JAMA), and shocked the medical world. **It stated that 98,000 people die annually due to medical mistakes in hospitals**.

Unfortunately, the news has continued to get worse since then. An article published in the ***Journal of Public Safety*** **September 2013 titled**, **A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care**, found that **a minimum of 210,000 preventable deaths per year occur in the U.S. and that the number may actually exceed 400,000 because of the limitations of the search tools they used. Incredibly, they also determined that serious harm to patients in hospitals may be 10-20 times greater than that horrific lethal number of 400,000! That means between 4 million and 8 million people are seriously harmed in hospitals annually in the U.S!**

On pages 321-322, you will see statistics on excessive medication and medication related errors, injuries and deaths that will shock you.

Let's bring my reasons to question medical opinions and authority to a close, (even though there are many more I could cite), with an example that relates directly to children's issues. **That is how the U.S. rates compared to the other countries of the world in infant mortality?** Where would you guess we would rate? Top 3? Top 10? Top 20? Top 30? Top 40? Top 50? If you said yes to any of those, you are wrong. **We rate 56th in the world in infant mortality according to the CIA factbook 2017**. **According to the World Health Organization (2015), the United States ranks fifth from the bottom of the Organization for Economic Cooperation and Development (OECD) countries in under-five mortality rate per 1000 live births**.
(Source: https://en.wikipedia.org/wiki/List_of_countries_by_infant_mortality_rate ).

How can this be? Well stay tuned. There are some incredible and almost unbelievable links that I will share with you later in this document, that relate to the number of vaccine doses and infant mortality rates around the world.

## Drug companies accused of abandoning the primary goal of patient well-being for profit driven motives and a marketing/pay-for-play strategy to co-opt all institutions

According to ***Dr. Marcia Angell, the former Editor in Chief*** of the prestigious ***New England Journal of Medicine***, "The combined profits for the ten drug companies in the Fortune 500 ($35.9 billion) were more than the profits for all the other 490 businesses put together ($33.7 billion) [in 2002]. Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of

discovering and producing useful new drugs. **Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself.**" Angell M (2005) The truth about drug companies: How they deceive us and what to do about it. New York: Random House.

That quote was from 2004. Now 15 years later, the problem has gone from bad to worse.

Therein lies a HUGE part of the problem with what we are seeing in the vaccine issue. The pharmaceutical industry has its tentacles into every facet of educational, political, medical and media conglomerates. Their money and thus influence, has infiltrated all aspects of society, including the policy and decision makers in health care and politics and therefore the resultant public messaging. Despite an overwhelming amount of evidence that contradicts just about everything the public hears about the safety and effectiveness of vaccines (which you will see in 1200 Studies), that evidence is stifled as "vaccine misinformation" by a well-financed campaign of vaccine industry talking points. Money = power. Power = influence. And, influence = control. And they are controlling the narrative.

Despite the facts that I am presenting here, **I am not anti-medical**. Medicine has accomplished and continues to accomplish many incredible advancements. Life-saving methods and critical care procedures are some of the most amazing examples of this. I have many friends that are MDs. They can repair broken bodies, save lives in times of peril and stabilize serious life-threatening situations. Unfortunately however, the facts speak for themselves. There are many areas of medicine that need radical changes and improvements. The vaccine issue happens to be just one of those. Just like I would bet you were unaware of most of the facts that I just cited, there is even far more about the vaccine issue that you will learn from this exposé.

## Assumption / Assertion #2a- Vaccines are proven to be safe and the ingredients are harmless.

A recent search with the words "vaccine adverse effects" on ***Pubmed***, the ***National Institutes of Health*** Database of scientific and medical literature returned 32,930 studies addressing the topic. Over 26,000 of those studies were published since 1990. If vaccines were proven to be safe, why would there be such a tremendous number of studies addressing their adverse effects?
https://www.ncbi.nlm.nih.gov/pubmed/?term=vaccine+adverse+effects

### Mocking parents that choose not to vaccinate their children

In early 2017, there had been a cartoon circulating around the internet which features a school bus with some people on board that they are portraying as "anti-vaxxers" and a woman that "educates" them on the virtues of vaccinations and the idiocy of the anti-vaxxer viewpoints.
https://www.youtube.com/watch?v=nDjz5qHIzsc .

This is once again an example of mocking, demeaning and lying in order to shame anyone that would dare question vaccines and to "validate" the blind opinions of those that parrot the party line of the vaccine industry. Here are just two of the lies in the little school bus parody. The first one said this…. "decades ago vaccines contained a **non-toxic** version of mercury…." **NON-TOXIC?**

## There are hundreds of studies in this document that take major exception to that statement!!!

**But before we get to that, there is one question that needs to be asked. Are the number of parents that question the safety and effectiveness of vaccines as low as the media would lead you to believe? Maybe not, at least according to this survey.**

### Parents that have legitimate questions and concerns regarding vaccines are not a "fringe" group. Nationwide polling shows a large percentage have a variety of concerns

Parents that express concerns over the safety of vaccines are **not** "fringe" radicals. In fact, a 2011 National Public Radio (NPR), nationwide poll of 3,000 parents found that a large percentage of parents have concerns over vaccines. The article was published on NPR's web site: https://www.npr.org/sections/health-shots/2011/09/29/140928470/worries-about-autism-link-still-hang-over-vaccines?ps=sh_sthdl

**From the article:**
"During the first half of August, we asked people across the country for their views on vaccines in the latest NPR-Thomson Reuters Health Poll."

"**Autism remains a top worry, with 21 percent of respondents saying they believe autism is linked to vaccines**. About 7 percent believe in a link between vaccines and diabetes."

"**Overall, a little more than a quarter of households had concerns about the safety or value of vaccines. Among households with kids younger than 18, 30 percent had one of those concerns**."

"The more common issues for those with concerns were a **fear of side effects (46 percent of the group) or uncertainty about long-term health effects (47 percent)**."

"We wondered if people's opinions about vaccines had changed in the last five years. Nearly a quarter said they had. **In that group, 59 percent said their opinions had become less favorable**. A little more than a third said their opinions had gotten better."

The truth is as the article states, that the numbers of parents questioning everything we are being told about vaccines continues to increase and the level of trust in what they are being told and the people doing the messaging, is decreasing.

# Vaccine adjuvants and preservatives are at the center of the controversy over the safety of vaccines

## Vaccine adjuvants are implicated in the rise of serious health problems

Vaccine adjuvants are implicated as a major cause of the thousands of vaccine adverse reactions that occur yearly. In addition, they are also implicated in the epidemic like increase in the rates of neurological, neurodevelopmental, learning disabilities and emotional problems in the youth of today. And yes, even in the various forms of Autism Spectrum Disorder (ASD). You will see hundreds of published studies through this document, drawing a strong conclusion about the connection with these disorders. In addition, you will see dozens of published studies linking vaccines to many other chronic diseases that have risen steadily in the last 30 years, closely paralleling the continual increase in vaccine dose exposure to both children and adults.

### What are vaccine adjuvants and why are they used in vaccines?

An adjuvant is an ingredient put in the vaccine, to stimulate a stronger immune response. Without some type of adjuvant, the vaccine would not be effective at all. Unfortunately, as you will see in this document, this becomes a double-edged sword. This hyper-reaction is exactly how the body's immune cells engulf and distribute the adjuvant material into the brain and other organs (which is not good) and leads to many different types of immediate and delayed adverse reactions. You will learn about all of that throughout this document.

Aluminum is the most common adjuvant used in vaccines today. Some vaccines even have two different forms of aluminum in them. Then there are other agents such as formaldehyde, mercury and antibiotics which are used to kill microorganisms in the vaccines. There are even multiple antibiotics in some vaccines, that medical prescribing sites say should never be used together as that can cause adverse reactions. Much more on all of this over the next several pages.

Here is more detail from the ***National Institutes of Health Institute of Allergy and Infectious Diseases (NIAID)*** website, listing vaccine adjuvants and their accessory components found in vaccines.
https://www.niaid.nih.gov/research/vaccine-adjuvants-types

Note: This content was last reviewed on October 01, 2015.

**"Types of Vaccine Adjuvants**
Only two adjuvants—alum and AS04—are used in commercially available vaccines in the United States. In 2013, the Food and Drug Administration approved the inclusion of another adjuvant, AS03, in the pandemic H5N1 influenza vaccine. Currently, this vaccine is included in the U.S. vaccine stockpile but is

not commercially available. Additional adjuvants have been approved for use in Europe, and many others are being tested in clinical trials.

Some types of compounds being used or tested as adjuvants are highlighted below.
*(*note it does say **being used**)*

**Pathogen Components**
Naturally occurring parts of pathogens used as adjuvants can help trigger early non-specific, or innate, immune responses to vaccines. These adjuvants target various receptors inside or on the surface of innate immune cells. The innate immune system influences adaptive immune responses, which provide long-lasting protection against the pathogen that the vaccine targets.

Examples of pathogen components tested and used as adjuvants include the following:

- **Monophosphoryl Lipid A**
  Monophosphoryl lipid A (MPL) is an immune-stimulating lipid (fat). It has been combined with alum to produce the AS04 adjuvant used in the human papillomavirus vaccine Cervarix.
- **Poly(I:C)**
  Poly(I:C) is synthetic double-stranded RNA that mimics a molecular pattern associated with viral infection. In rhesus monkeys, poly(I:C)-containing vaccines against SIV—a close relative of HIV that causes an AIDS-like disease in monkeys—have elicited protective immune responses.
- **CpG DNA Adjuvants**
  CpG DNA adjuvants are short segments of DNA that include sequence motifs, or patterns, commonly found in bacterial DNA. Hepatitis B vaccines containing CpG-based adjuvants are being tested in clinical trials, and initial results suggest that the CpG-adjuvanted vaccines are safe and effective.
- **Emulsions**
  An emulsion is a blend of two liquids that are normally unmixable, such as water and oil. An oil-in-water emulsion called MF59 is used as an adjuvant in Fluad, an influenza vaccine available in Europe. MF59 helps recruit immune cells from the blood to the vaccine injection site. MF59 contains similar ingredients as AS03, which is part of the pandemic influenza vaccine in the U.S. vaccine stockpile.

**Particulate Adjuvants**
Particulate adjuvants form very small particles that can stimulate the immune system and also may enhance delivery of antigen to immune cells.

Examples of particulate adjuvants include the following:

- **Alum**
  Alum, the most commonly used vaccine adjuvant, consists of aluminum salts that are not soluble in water. Alum is included in numerous vaccines, including those that prevent hepatitis B and human papillomavirus. Scientists are beginning to understand how alum stimulates vaccine-induced immunity. Gaining information about the mechanisms that alum uses to activate the

immune system will help increase understanding of adjuvant function and facilitate the design of new vaccine adjuvants.

- **Virosomes**
  Virosomes, particles that resemble viruses but are noninfectious, are included as adjuvants in the flu vaccine Inflexal and the hepatitis A vaccine Epaxal, both licensed in Europe. The virosomes incorporated into these vaccines have antigens and other viral proteins on their surfaces, but they cannot cause infection because they do not contain any viral genetic material. Certain immune cells recognize these virus-like particles and engulf them. These cells then present the antigen to adaptive immune cells, which mount a protective response.
- **Cytokines**
  Cytokines are small proteins that serve as chemical messengers of the immune system. Because of their role in coordinating immune responses, some cytokines have been evaluated as vaccine adjuvants. For example, scientists have conducted animal studies to evaluate interleukin 12 (IL-12) as an adjuvant in vaccines against various bacterial and viral infections. Results from these studies suggest that IL-12 may increase protective immunity to some respiratory pathogens.

**Combination Adjuvants**
Combinations of adjuvants, such as AS04, are of interest because of their ability to elicit multiple protective immune responses. Adjuvants that have a modest effect when used alone may induce a more potent immune response when used together.

Combination adjuvant research is in the early stages. Scientists must work to identify how adjuvants can be combined to elicit immune responses that are useful for a given antigen. NIAID is supporting research to identify and determine the function of novel adjuvant combinations. A long-range goal of this line of research is to develop a toolbox of adjuvants that can be combined in different ways to elicit a certain type of immune response.

# Evidence that adjuvants can be dangerous

## Sjögren's syndrome, an autoimmune/inflammatory syndrome caused by adjuvants

This article titled, **Sjögren's syndrome: another facet of the autoimmune/inflammatory syndrome induced by adjuvants (ASIA)** is from the ***Journal of Autoimmunity*** and published in 2014.
https://www.ncbi.nlm.nih.gov/pubmed/24774584

**Symptoms associated with ASIA include:**

- **Myalgia**, myositis, or muscle weakness.
- **Arthralgia** and/or arthritis.
- **Chronic fatigue**, unrefreshing sleep, or sleep disturbances.
- **Neurological** manifestations (especially associated with demyelination)
- **Cognitive impairment**, memory loss.
- **Pyrexia**, **dry mouth**.

**Quotes from the article:**

"Recently, **a new syndrome, namely the "Autoimmune/inflammatory syndrome induced by adjuvants" (ASIA)** has been defined. In this syndrome, different conditions characterized by common signs and symptoms and induced by the presence of an adjuvant are included. The adjuvant is a substance capable of boosting the immune response and of acting as a trigger in the development of autoimmune diseases. Post-vaccination autoimmune phenomena represent a major issue of ASIA."

"Own to the straight association between infectious agent's exposure (mainly viruses) and sicca syndrome development, the possible link between vaccine and Sjogren's Syndrome is not surprising."

## The Journal Autoimmunity links aluminum in vaccines with numerous serious disorders

This article from the Journal ***Autoimmunity*** published in 2013 titled, **Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) 2013: unveiling the pathogenic, clinical and diagnostic aspects**, warns that aluminum adjuvants in vaccines can be dangerous and cause autoimmunity in some people. https://www.ncbi.nlm.nih.gov/pubmed/24238833

**From the article:**

"**This article acknowledges that aluminum adjuvants in vaccines have also been linked to several different conditions including macrophagic myofasciitis, allergic reactions, chronic fatigue syndrome, arthritis, multiple sclerosis, systemic lupus erythematosus, granulomas and various neurological disorders**."

"**Clinical manifestations of some of these reactions can take months or years to develop, which is much longer than the time intervals utilized in vaccine safety studies.**"

**Because genetic differences cause people to react differently to vaccines, these authors make a very important recommendation. They recommend that vaccines and vaccine schedules should be personalized to the individual based on their genetic profile and risk for reactivity. The science on perfecting this capability still has a long way to go, but it must be developed as soon as possible.**

## 2017 study from the journal Metabolic Brain Disease calls for the phase out of aluminum adjuvants ASAP

An October 2017 study published in the journal ***Metabolic Brain Disease*** titled, **The putative role of environmental aluminium in the development of chronic neuropathology in adults and children. How strong is the evidence and what could be the mechanisms involved?**, finds serious problems with the continued use of aluminum adjuvants in vaccines and the risk it exposes to pregnant women, women planning on becoming pregnant and children.

**This section is technical, but I felt it important to include it due to its excellent summation of and agreement with, so many contemporary scholarly articles and studies. It is really zeroing in on the**

**mechanisms by which adjuvants like aluminum, preservatives like mercury and other toxic/noxious chemicals that are found in vaccines can cause damage.**

**Systemic immune activation primed microglia and chronic neuro-inflammation**
*(All references can be accessed online)*

"There is ample evidence demonstrating that chronic immune system activation and systemic inflammation can lead to the development of chronic neuro-inflammation. **Communication of inflammatory signals to the brain is mediated by PICs via a number of routes, including innervation of the vagus nerve, carrier-enabled transport across the blood-brain barrier (BBB), activation of endothelial cells within the BBB and perivascular macrophages, and finally via transport through circumventricular organs devoid of a functional BBB. The transduced inflammatory signals may lead to the development of chronic neuro-inflammation via the activation of microglia if of sufficient intensity and/or duration or lead to the development of B primed ^ microglia**. Microglial priming involves the upregulation of a range of surface receptors such as MHC class II, CD11b and CD11c integrins, co-stimulatory molecule CD86 and TLR-4." *(PICs stands for Pro-inflammatory Cytokines)*

"Following the upregulation of these receptors, such microglia become exquisitely sensitive to subsequent inflammatory stimuli, leading to an exaggerated production of neurotoxic molecules that may exacerbate the pre-existing pathology and may even accelerate the progression of existing neuro-inflammatory or neurodegenerative diseases. **Activated microglia exert their neurotoxic effects by releasing PICs, such as TNF-α ,IL-1β, IL-6, and IFN-γ, and free radicals including superoxide, NO and peroxynitrite, as well as inflammatory molecules such as prostaglandin E2. Moreover, TNF-α ,IL-1β and IFN-γ can act as secondary sources of RNS and other inflammatory molecules by acting as potent inducers of iNOS and via their capacity to upregulate cyclooxygenase-2 (COX-2) with the resultant production of prostaglandin E2**. **The concept of microglial priming could change the frame of reference from a consideration of a single inoculation containing aluminium adjuvant to a cumulative effect caused by a vaccination schedule in which successive immune insults over a short period could provoke chronic pathology either directly, by provoking microglial activity, or more indirectly by provoking macromolecular damage which could eventually reach a threshold capable of provoking chronic pathology. It should be noted that there is an accumulating body of evidence, albeit from animal studies, that successive and frequent postnatal immune and inflammatory insults play a pivotal role in the advent of microglial priming and the genesis of neurodevelopmental disorders. There is also emerging data implicating the development of microglial priming as a major factor in the development of several if not all neurodegenerative diseases**." *(RNS stands for Reactive Nitrogen Species, powerful free-radicals. iNOS stands for Cytokine inducible Nitric Oxide Synthase)*

**From the conclusions:**
"**Aluminium has no known beneficial physiological action in the human body and some genetic polymorphisms predispose to a greater susceptibility to its adverse effects. Therefore, a strong case can be made for avoiding unnecessary exposure to environmental sources of aluminium salts, especially on the part of children, pregnant mothers and women of child- bearing age who may become pregnant.**"

"The use of aluminium salts in medical products is a more contentious issue. While antacids are available which do not contain aluminium salts, the avoidance of immunisations which do not contain aluminium salts as adjuvants has wider political and financial implications. **It would seem prudent to try to find an alternative to aluminium adjuvants as soon as possible and phase out their use.**"

**This diagram from the study shows the various damaging effects of aluminum on the astrocytes (brain nerve cells) and the microglia (brain immune cells) of the brain.**

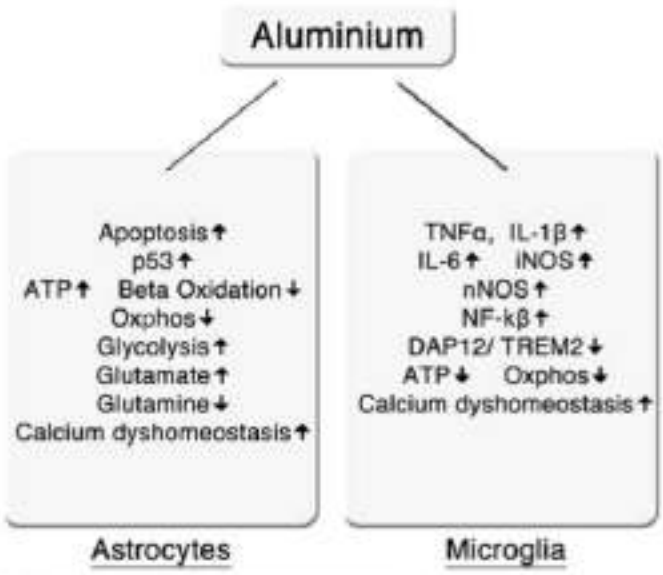


**Fig. 2** Effects of aluminium on astrocytes and microglia

## Some attempts are being made to develop safer adjuvants. The question is, will they be?

An August 12, 2018 study from the ***Journal of Controlled Release*** titled, **Cationic lipids as one-component vaccine adjuvants: A promising alternative to alum**, expresses some promising results in an alternative vaccine adjuvant to replace aluminum. It found that it boosted both humoral and cellular immunity in mice. https://www.ncbi.nlm.nih.gov/pubmed/?term=30110615

**From the Abstract:**
"The TLR and inflammasome stimulations, together with the antigen carrier properties of lipopolyamines, resulted in both humoral and cellular immunity in mice vaccinated against OVA and make lipopolyamines promising one-component vaccine adjuvants."

The hope is that researchers would continue to search for safe and effective alternatives to the current use of heavy metals and other adjuvant components that have demonstrated potential for increasing risk.

### Stay tuned for much more on aluminum and other dangerous adjuvants

**I will go much further into detail about the massive amount of research implicating adjuvants like aluminum and human DNA found in many vaccines, with many serious health conditions. I will also cover details about what else is in vaccines. Stay tuned, much of what you read will shock you!**

# Mercury – An initial intro, with much more later

Robert F. Kennedy's organization ***World Mercury Project*** released a 248-page eBook titled **Peer-Reviewed, Published Research on the Adverse Effects of Mercury (From Any Source)**. **It is a compilation of over 240 studies detailing the toxicology and health damaging effects of mercury.** It can be accessed here… https://worldmercuryproject.org/wp-content/uploads/mercury-all%20sources-research-combined.pdf

## Dozens of studies find that Thimerosal the mercury preservative used in vaccines, is extremely toxic and damaging

### Study finds that even at minute levels, thimerosal is a POISON and causes brain damage at the levels found in vaccines

A 2009 article ***from the Journal Toxicological and Environmental Chemistry*** titled, **Mitochondrial dysfunction, impaired oxidative-reduction activity, degeneration, and death in human neuronal and fetal cells induced by low-level exposure to thimerosal and other metal compounds.**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3924342/

If you simply read page one about the high-level of toxicity of Thimerosal, you will see how untrue that is. This study found that **even in very small quantities, Thimerosal damaged brain cells**.

**From the article:**
"Of particular recent concern, routine administering of Thimerosal-containing biologics/childhood vaccines have become significant sources of Hg exposure for some fetuses/infants."

**"Thimerosal at low nanomolar (nM) concentrations induced significant cellular toxicity in human neuronal and fetal cells. Thimerosal-induced cytoxicity *(cell toxicity)* is similar to that observed in AD *(Alzheimer's Disease)*, pathophysiologic studies. Thimerosal was found to be significantly more toxic than the other metal compounds examined**."

## Another 2015 article finds "thimerosal is a poison at minute levels with a plethora of deleterious consequences even at the levels currently administered in vaccines"

This 2015 article is from ***the International Journal of Clinical Chemistry*** titled, **Thimerosal: clinical, epidemiologic and biochemical studies.** You only need to read page one, although the full text is available to download free. https://www.ncbi.nlm.nih.gov/pubmed/?term=25708367

**The article conclusion: "**The culmination of the research that examines the effects of Thimerosal in humans indicates that **it is a poison at minute levels with a plethora of deleterious consequences, even at the levels currently administered in vaccines.**"

## Thimerosal destroys the mitochondria of brain cells

Mitochondria are the cellular organelles that make energy in the form of ATP for the cell. There are hundreds of mitochondria in each cell in our bodies. Their health and proper function is ESSENTIAL for the cell to survive.

This article from the ***Journal of toxicology*** 2012 titled, **Thimerosal derived ethylmercury is a mitochondrial toxin in human astrocytes: possible role of Fenton chemistry in the oxidation and breakage of mtDNA**, clearly shows the mechanism by which thimerosal damages the DNA of mitochondria in brain cells. And how this leads to cell damage and even cellular death. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395253/

**From the article:**
"The results of this study suggest that **ethylmercury is a mitochondrial toxin in human astrocytes**. We believe that this finding is important, particularly since the number of diseases in which mitochondrial dysfunction has been implicated are rapidly increasing." *Ethylmercury is the form found in vaccines, in the form of thimerosal)*

This study shows that Thimerosal changes the membrane potential of the mitochondria in the brain cells (astrocytes), **allowing the mercury to flow into the mitochondria by a factor of 1000-fold.**
"…ethlymercury **will partition into the mitochondria by a factor of 1,000 fold**, its accumulation driven by the approximate 180mV mitochondrial membrane potential [25], Figure 7(a)."

**The ethylmercury in thimerosal damages the mitochondrial DNA which is abbreviated as mtDNA**. "In Figure 4 we demonstrated that while **the levels of damaged nuclear DNA and mtDNA are very low in untreated cells, ethlymercury induces a large increase in oxidized mtDNA lesions**." *This damage to the mitochondrial DNA* ***causes a loss of cellular energy and a large increase in free radical production in the form of superoxide radicals resulting in damage to the brain cell and potentially cellular death***.

## Thimerosal has been linked to neurological disorders

This 2017 article from the ***Journal of Environmental Research***, titled **Low-dose Thimerosal in pediatric vaccines: Adverse effects in perspective**, confirms the harmful neurological effects of thimerosal in vaccines. In addition, the authors reveal that while efforts have been made to reduce mercury from vaccines in industrialized countries, children in underdeveloped countries are still subjected to the full gamut of mercury containing shots. https://www.ncbi.nlm.nih.gov/pubmed/?term=27816865

**From the article:**
"Young children (before the age of six months) are the demographic group most exposed to recommended/mandatory vaccines preserved with Thimerosal and its metabolite ethylmercury (EtHg). Particularly in the less-developed countries, newborns, neonates, and young children are exposed to EtHg because it is still in several of their pediatric vaccines and mothers are often immunized with Thimerosal-containing vaccines (TCVs) during pregnancy." *(Unfortunately, that still happens in the U.S. also).*

"Thimerosal, known to have **neurotoxic effects even at low doses**, has not been scrutinized for the limit of tolerance alone or in combination with adjuvant-Al during immaturity or developmental periods (pregnant women, newborns, infants, and young children). Scientific evidence has shown the potential hazards of Thimerosal in experiments that modeled vaccine-EtHg concentrations."

"However, **consistently, they showed a link of EtHg with risk of certain neurodevelopment disorders,** such as tic disorder, while clearly revealing the benefits of removing Thimerosal from children's vaccines (associated with immunological reactions) in developed countries. So far, only rich countries have benefited from withdrawing the risk of exposing young children to EtHg. Regarding Thimerosal administered to the very young, we have sufficient studies that characterize a state of uncertainty: the collective evidence strongly suggests that **Thimerosal exposure is associated with adverse neurodevelopmental outcomes.** It is claimed that the continued use of Thimerosal in the less-developed countries is due to the cost to change to another preservative, such as 2-phenoxyethanol. However, the estimated cost increase per child in the first year of life is lower than estimated lifetime cost of caring for a child with a neurodevelopmental disorder, such tic disorder. The evidence indicates that Thimerosal-free vaccine options should be made available in developing countries."

## What does the Material Safety Data Sheet (MSDS) say about the toxicity of mercury?

What is incredible, is that the material safety data sheet for thimerosal says, "pregnant women should not be exposed to the product". That is found on page 3 of the **Material Safety Data Sheet (MSDS)** http://www.gihonlab.com/farmo1.php (Gihon Lab's web site) and click on the PDF symbol for the MSDS in English. By the way, why is the skull and crossbones shown on the product label and the shipping packaging for Thimerosal if it is "non-toxic", as the little school bus video claimed? You can see that on Gihon's home page at that link.

In addition, the material data safety sheet warns of ***Mutagenic Effects (DNA damage):*** "mutagenic for mammalian somatic cells. May cause damage to the following organs: kidneys, liver, spleen, bone marrow, central nervous system (CNS)". On the ***Special Remarks on Chronic Effects on Humans*** section it states "**may cause cancer based on animal data**. No human data found. May cause **adverse reproductive effects** (female fertility – post implantation mortality, fetal toxicity) and birth defects. **May affect genetic material.**"

**That warning clearly states that thimerosal is toxic to a fetus!**

Additionally, in 2010 the **US Advisory Committee on Immunization Practices** began recommending flu vaccination for all healthy children older than six months. If given from multi-dose vials, this again introduces thimerosal into the brains of these children. In 2012, the ***Cochrane Collaboration Systemic* Review** concluded that **for children under the age of two, the currently licensed flu vaccines "are not significantly more efficacious than placebo**."

## There is "Widespread manipulation of conclusions…of the studies" on the flu vaccine

They also said, "The review showed that reliable evidence on influenza vaccines is thin but there is **evidence of widespread manipulation of conclusions and spurious notoriety of the studies**." https://www.ncbi.nlm.nih.gov/pubmed/22895945

Despite this finding, pediatricians are commonly recommending flu shots for these very young children. Remember the blood brain barrier does not begin to protect the brains of children under after the age of 2 at the very earliest according to most experts. Many studies show that full maturation and thus maximal protection does not occur until much later.

## Thimerosal administered at levels equal to those in vaccines cause pathological damage and cell death to brain cells

A 2010 article from the journal ***Folia Neuropathologica*** titled, **Lasting neuropathological changes in rat brain after intermittent neonatal administration of thimerosal**, found that doses of Thimerosal given to rat pups equivalent to those given to human infants caused significant neuropathological damage and cell death. https://www.termedia.pl/Original-paper-Lasting-neuropathological-changes-in-rat-brain-after-intermittent-neonatal-administration-of-thimerosal,20,15811,1,1.html

**From the Introduction:**
"Thimerosal (THIM; sodium ethylmercurithiosalicylate), containing approximately 49% mercury (Hg) by weight, has been used as a vaccine preservative since the 1930s. However, during the past decade **serious concerns have emerged regarding its safety in infants, young children, and pregnant women**. In the body THIM is metabolized to ethylmercury and subsequently to inorganic Hg forms, which **accumulate in different organs/tissues including the brain, where they can remain for months or**

**years. Hundreds of years of human experience and thousands of scientific publications provide evidence of toxicity of mercurials, particularly severe for developing organisms. With growing numbers of paediatric vaccines, many of which contained or still contain THIM in some countries, administered at ever younger age (e.g. Hep B vaccine is given during the first 24 h after birth in Poland, the U.S. and many other countries), infants have been exposed to increasing amounts of Hg, with potentially negative effects on their health. In fact, the years of the late 1980s and 1990s, when infants were exposed to the largest ever doses of Hg in vaccines, coincide with the emergence of epidemics of paediatric neurodevelopmental disorders, including autism."**

"**In conclusion**, the present study documents that administration of THIM to suckling rats in a vaccination-like manner and at doses analogous to those used in paediatric vaccines or higher injures neurons and astroglia in several brain regions. These findings may be extrapolated (with caution) to certain clinical conditions, **since THIM and other mercurials are suspected pathogenic factors in the aetiology of several neurodevelopmental disorders, including autism [12,13,15,25,29,41,51]. Some neuropathologies, such as morphological and neuroanatomical changes in the prefrontal and temporal cortex, or loss of Purkinje cells, seem common for THIM's neurotoxic actions and these disorders.** While this study has obvious limitations, **it provides clear evidence of neurotoxicity of pharmacologically relevant doses of THIM in developing organisms, lending further support to the hypothesis implicating mercurials in paediatric neurodevelopmental disorders. On the whole, the results of this study argue for urgent removal of THIM from all vaccines for children and pregnant women, as well as from other medicinal products and cosmetics**."

## Study finds it plausible that low-dose thimerosal is linked to autism

A 2010 article from ***Cellular Biology and Toxicology*** titled, **Induction of metallothionein in mouse cerebellum and cerebrum with low-dose thimerosal injection**, finds that even low-dose thimerosal causes activity in the cerebellum of the brain and supports the plausibility of the mercury/autism connection. https://www.ncbi.nlm.nih.gov/pubmed/19357975

**From the Abstract:**
"It is thought that the cerebellum is a sensitive organ against thimerosal. **As a result of the present findings, in combination with the brain pathology observed in patients diagnosed with autism, the present study helps to support the possible biological plausibility for how low-dose exposure to mercury from thimerosal-containing vaccines may be associated with autism**."

## Mercury from vaccines causes a 40-fold increase in premature puberty

A 2010 study from the ***Indian Journal of Medical Research*** titled, **Thimerosal exposure & increasing trends of premature puberty in the vaccine safety datalink**, **used the Vaccine Safety Datalink (VSD), a**

**reliable source of vaccine statistics to expose a 40-fold increase in premature puberty from the National Institutes of Health (NIH) historical incidence of premature puberty at 1 in 10,000 people**. Premature puberty is characterized by sexual development before the age of eight in girls, and age 10 in boys. **The study looked at 278,624 children born between 1990-1996 and compared the subjects that developed premature puberty to their extent of exposure to Thimerosal Containing Vaccines (TCVs)**. Exposures to Hg from TCVs were calculated by birth cohort for specific exposure windows from birth-7 months and birth-13 months of age.
http://www.ijmr.org.in/temp/IndianJMedRes1314500-6779162_184951.pdf

**From the study:**
"The ***US Agency for Toxic Substances and Disease Registry (ATSDR)*** reports that mercury (Hg) **is a known endocrine disruptor and it adversely affects the steroid synthesis pathway in animals and humans, and may interact to enhance the risk for a child developing premature puberty**. An association between premature puberty and exposure to Hg from thimerosal-containing vaccines (TCVs) was evaluated in computerized medical records within the Vaccine Safety Datalink (VSD)."

"**The overall results of the present study showed a significant association between Hg exposure from thimerosal-containing vaccines and premature puberty**. There were **significantly increased rate ratios for premature puberty** following increasing Hg exposure from thimerosal-containing vaccines administered in the first 7 and 13 months of life. Further, it was observed that the overall median age of **puberty among those diagnosed with premature puberty in the present study (4.5 yr) was significantly reduced in comparison to the lower end of the normal reference ranges for puberty in girls (≥ 8 yr) and boys (≥ 10 yr) in the US**[2]. The present study found an adjusted overall prevalence rate of premature puberty occurring in about one in 250 children. **This represents a significant (about 40-fold) increase in the diagnosed rate of premature puberty of about one in 10,000 children from previous NIH estimates**."

**Several strengths of the study were noted. Here are just three of them:**
"**First**, the VSD contains medical records for patients that were collected on a prospective basis, as part of the routine treatment course of physician care. **The VSD requires no reporting of adverse events or having a physician associate an outcome with an exposure**."

**Second, "The birth cohort years examined from 1990 through 1996 occurred many years prior to the raising of concern about potential problems with thimerosal in childhood vaccines** by the ***American Academy of Pediatrics*** and the ***US Public Health Service***, so that their announcement to remove thimerosal from childhood vaccines in July of 1999 should have had virtually no impact on physicians' thoughts about thimerosal in childhood vaccines.

"**Finally**, another significant strength of the present study stems from the **trends in birth cohort Hg exposure and outcomes**. It was observed there were increasing/decreasing trends in exposures and outcomes across the birth cohort years examined, and that **for premature puberty there were significant associations between birth cohort mean Hg exposure and disease prevalence rates**. It is

important to note that the increasing/decreasing trends in Hg exposure were not simply the result of random yearly fluctuations in vaccine uptake rates or even simply the result of increasing exposure to vaccine antigens, but **instead reflect known changes in the Hg content of the US childhood vaccine schedule**. **Namely, in the late 1980s/early 1990s the Hg dose from vaccines increased with the addition of hepatitis B (12.5 µg Hg/dose) and Hib (25 µg Hg/dose) vaccines to the routine childhood schedule during the first year of life.** Subsequently, starting from 1992, the Hg dose from vaccines decreased with the addition of combination whole-cell DTP-Hib (25 µg Hg/dose) vaccine, instead of the 50 µg Hg per joint administration of whole-cell DTP and Hib vaccines (each contained 25 µg Hg/dose) in separate immunizations. This was finally followed by in the mid-1990s the replacement of whole-cell DTP vaccines with acellular DTaP vaccines (25 µg Hg/dose). For the most part these vaccines were not made in combination with Hib vaccine."

"**The observed effects were consistent with the known human endocrine disrupting effects of Hg exposure**." The study concludes with a discussion of other studies that have shown that mercury disrupts the levels of sex steroid hormones and by binding to receptor sites on ovarian cellular membranes. It also confirmed that many studies have found that mercury has endocrine disrupting effects and that exposure can lead to hormonal problems.

## The CDC pushes mercury and aluminum containing vaccines for pregnant women putting a vulnerable fetus at risk

Keeping that in mind, incredibly a Fox News report posted May 01, 2017, quoted Dr. Anne Schucat, the acting director for the CDC saying that the first vaccine she would recommend for pregnant women is a flu shot. She went on to say that the changes in a woman's body makes it harder to fight the flu. "And infants, who are also at risk for serious flu complications cannot be vaccinated until they are at least six months old." The article also states, "vaccination can protect mom but also have antibodies cross over the placenta to protect the baby, and keep the baby protected before they'll get the vaccine as an infant kick in". In addition, she says "Another vaccine expectant mothers should be getting is the Tdap (tetanus – diphtheria – acellular pertussis) vaccine, which includes a booster for whooping cough." She goes on to say, "you need to get several doses in your life and it's not 100% effective". To make people feel more comfortable, the article states that both the flu and Tdap vaccines are made with inactive ingredients, like killed viruses or dead bacteria.

Unfortunately, as they mention in the article, the antibodies can cross through the placenta into the baby, but that is not the only thing that will enter the into the baby. There will be several components from the vaccines including thimerosal (mercury), aluminum, formaldehyde, polysorbate-80, fetal cellular DNA, two-phenoxyethanol and dog kidney cell proteins among many other ingredients. Unfortunately, and very importantly, a fetus is at significant risk for absorbing these toxins directly into their brain, because the brain has not even begun to form the blood brain barrier (which I will talk more about later in this article). http://www.fox10phoenix.com/health/252243608-story

## Was thimerosal removed from most childhood vaccines simply as a precaution, or was there a smoking gun?

**One common claim you hear from the "talking heads" is that the Thimerosal was removed <u>as a precaution only</u> and there was no evidence of health concerns with its use……Really? This next section should put all those lies to rest!**

### A Congressional Report released in 2003 refutes the claim that thimerosal was removed purely as a precaution. The scathing report points the finger for the rise in autism directly at thimerosal, our government agencies and the drug industry

**Federal hearings were held that prompted the drug manufacturers to reduce the amount of mercury in vaccines… These are excerpts from those hearings:**
*<u>After a three-year investigation, a Congressional report released May 2003 by the staff of the Subcommittee on Human Rights and Wellness, Committee on Government Reform, "Mercury in Medicine" Hearings of the United States House of Representatives stated</u>:*
***<u>"Thimerosal used as a preservative in vaccines is likely related to the autism epidemic. This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to this known neurotoxin. Our public health agencies' failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry."</u>***
https://www.gpo.gov/fdsys/pkg/CREC-2003-05-21/html/CREC-2003-05-21-pt1-PgE1011-3.htm

**From the report:**
"In July 2000, it was estimated that 8,000 children a day were being exposed to mercury in excess of Federal guidelines through their mandatory vaccines."

"One leading researcher made the following statement to the Committee in July 2000:
``There's no question that mercury does not belong in vaccines.
``There are other compounds that could be used as preservatives. And everything we know about childhood susceptibility, neurotoxicity of mercury at the fetus and at the infant level, points out that we should not have these fetuses and infants exposed to mercury. There's no need of it in the vaccines.''

**II. Findings and Recommendations of the report:**
*Italics and bold sections are added by me for emphasis)*

**A. Findings**
Through this investigation of pediatric vaccine safety, the following findings are made:

1. **Mercury is hazardous to humans**. Its use in medicinal products is undesirable, unnecessary and **should be minimized or eliminated entirely.**

2. **For decades, ethylmercury was used extensively in medical products** ranging from vaccines to topical ointments as preservative and an anti-bacteriological agent.

3. **Manufacturers of vaccines and thimerosal, (an ethylmercury compound used in vaccines), have never conducted adequate testing on the safety of thimerosal**. **The FDA has never required manufacturers to conduct adequate safety testing on thimerosal and ethylmercury compounds.**

4. **Studies and papers documenting the hyperallergenicity and toxicity of thimerosal (ethylmercury) have existed for decades**.

5. **Autism in the United States has grown at epidemic proportions during the last decade**. **By some estimates the number of autistic children in the United States is growing between 10 and 17 percent per year. The medical community has been unable to determine the underlying cause(s) of this explosive growth.** *(And still hasn't fifteen years later)*

6. At the same time that the incidence of autism was growing, **the number of childhood vaccines containing thimerosal was growing, increasing the amount of ethylmercury to which infants were exposed threefold**. *(Imagine what it is today from the combination of maternal prenatal vaccines, those given to newborns and the high aluminum exposure from additional vaccines! See about the shockingly excessive amounts on pages 196-202).*

7. **A growing number of scientists and researchers believe that a relationship between the increase in neurodevelopmental disorders of autism, attention deficit hyperactive disorder, and speech or language delay, and the increased use of thimerosal in vaccines is plausible and deserves more scrutiny**. In 2001, the Institute of Medicine determined that such a relationship **is biologically plausible**, but that not enough evidence exists to support or reject this hypothesis.

8. **The FDA acted too slowly to remove ethylmercury** from over-the-counter products like topical ointments and skin creams. Although an advisory committee determined that ethylmercury was unsafe in these products in 1980, a rule requiring its removal was not finalized until 1998.

9. **The FDA and the CDC failed in their duty to be vigilant** as new vaccines containing thimerosal were approved and added to the immunization schedule. When the Hepatitis B and Haemophilus Influenzae Type b vaccines were added to the recommended schedule of childhood immunizations, the cumulative amount of ethylmercury to which children were exposed **nearly tripled**.

10. **The amount of ethylmercury to which children were exposed through vaccines prior to the 1999 announcement exceeded two safety thresholds** established by the Federal government for a closely related substance--methylmercury. **While the Federal Government has established no safety threshold for ethylmercury, experts agree that the methylmercury guidelines are a good substitute**. Federal health officials have conceded that the amount of thimerosal in vaccines exceeded the EPA threshold of 0.1 micrograms per kilogram of bodyweight. In fact, the amount of mercury in one dose of DTaP or Hepatitis B vaccines (25 micrograms each) **exceeded this threshold many times over**. Federal health officials have not conceded that this amount of thimerosal in vaccines exceeded the FDA's more relaxed threshold of 0.4 micrograms per kilogram of body weight. In most cases, however, **it clearly did**.

11. **The actions taken by the HHS to remove thimerosal from vaccines in 1999 were not sufficiently aggressive.** As a result, thimerosal remained in some vaccines for an additional two years.

12. **The CDC's failure to state a preference for thimerosal-free vaccines in 2000 and again in 2001 was an abdication of their responsibility**. As a result, many children received vaccines containing thimerosal when thimerosal-free alternatives were available.

13. **The Influenza vaccine appears to be the sole remaining vaccine given to children in the United States on a regular basis that contains thimerosal**. Two formulations recommended for children six months of age or older continue to contain trace amounts of thimerosal. **Thimerosal should be removed from these vaccines. No amount of mercury is appropriate in any childhood vaccine.** *(an as you will see in this e-book, the term "trace" is a misnomer)*

14. **The CDC in general and the National Immunization Program in particular are conflicted in their duties to monitor the safety of vaccines**, while also charged with the responsibility of purchasing vaccines for resale as well as promoting increased immunization rates.

15. **There is inadequate research regarding ethylmercury neurotoxicity and nephrotoxicity.**

16. **There is inadequate research regarding the relationship between autism and the use of mercury-containing vaccines**.

17. **To date, studies conducted or funded by the CDC that purportedly dispute any correlation between autism and vaccine injury have been of poor design, under-powered, and fatally flawed.** The CDC's rush to support and promote such research is reflective of a philosophical conflict in looking fairly at emerging theories and clinical data related to adverse reactions from vaccinations.

On page 8 of the report, Dr. H. Vasken Aposhian, Professor of Molecular and Cellular Biology and Pharmacology, University of Arizona discussed thimerosal's history during Congressional testimony:

> ``In the early thirties, in fact the 1940's and up until the mid-1950's, mercurials were used in medicine . . . The medical community . . . had nothing better to use. They had nothing better to use as a preservative at that time than thimerosal. And I would venture the opinion that it has just been going on because no one has objected to it. And there's no need for it any longer. And I don't know any medical community or scientific community that would agree to the need for having thimerosal in any vaccine.''

## Vaccine proponents often say that ethylmercury (thimerosal) is not as toxic as methymercury. What does the report say about that?

**From the report:** "While there is frequent reference to the paucity of science in understanding the harm that ethylmercury can do**,** there is more understanding in the scientific community than government officials have shared with the Committee. The following dialogue between Congressman Dave Weldon (R-FL) and Dr. David Baskin during the Committee's December 10, 2002 hearing sheds a great deal of light onto the true nature of ethyl versus methylmercury.

Dr. Weldon: ``I have a couple of questions for Dr. Baskin about ethylmercury versus methylmercury. I have had some people say that data on methylmercury is fairly good, but we don't have good data on ethylmercury. I take it from your testimony there is actually quite a bit of data on ethylmercury and it's as toxic as methylmercury.''

Dr. Baskin: ``There is more data, more and more data on ethylmercury. The cells that I showed you dying in cell culture are dying from ethylmercury. Those are human frontal brain cells. You know, there has been a debate about . . . ethyl versus methyl. But from a chemical point of view, most chemical **compounds that are ethyl penetrate into cells better than methyl. Cells have a membrane on them, and the membrane is made of lipids, fats. And ethyl as a chemical compound pierces fat and penetrates fat much better than methyl.** And so, you know, when I began to work with some of the Ph.D.s in my laboratory and discuss this **everyone said, `oh gosh, you know, we've got to adjust for ethyl because it's going to be worse; the levels are going to be much higher in the cells**.' So . . . I think at best they're equal, but it's probably highly likely that they are worse. And some of the results that we are seeing in cell culture would support that.''

**Dr. Baskin explained that according to scientific research in humans and animals, brain tissue absorbs five times more mercury than other tissues in the body**.

## Safe limits of mercury ingested orally is often inappropriately compared to injected levels

The vaccine industry plays games suggesting that 10 times the EPA, FDA and WHO maximum ingestion of mercury is safe. That is not only untrue, but deceptive as oral exposure is very poorly absorbed, whereas injected exposure is 100% absorbed

**From the report:**
"The Committee repeatedly heard from government officials that merely exceeding the guideline was not cause for concern. One Merck official, in teaching a Grand Rounds session to staff in November of 1999, postulated that the minimum risk level would need to be multiplied by ten to reach a level at which harm would be expected through exposure. Dr. Roberta McKee of Merck wrote:
``A number of environmental and public health agencies have set a **Minimum Risk Level (MRL)** for toxic substances. An MRL for **ingestion** is conceptually equivalent to the Reference Dose of the US Environmental Protection Agency, the Acceptable Daily Intake of the US FDA, and the Tolerable Daily Intake of the WHO. Any exposure to the substance below the MRL is assured to be safe, while exposure to ten times the MRL is assumed to place one at risk of overdose. Exposure at or near the MRL is assumed to be safe but should trigger deliberate and careful review.'' *One must consider that they are talking about ingestion, which means by mouth. As you will see in this document, less than 1% of orally ingested mercury is actually absorbed. It is not a valid comparison to injected mercury with regard to minimum risk level (MRL).*

"**Based on Dr. McKee's explanation, many babies were exposed to levels of mercury that ``placed one at risk of overdose,'' and were exposed to amounts well over ten times the EPA's scientifically validated reference dose.** For example, at a recent Committee hearing, Chairman Dan Burton (R-IN) discussed his own family's experience with vaccine injuries: ``My grandson received vaccines for nine different diseases in one day. **He may have been exposed to 62.5 micrograms of mercury in one day through his vaccines**. According to his weight, the maximum safe level of mercury he should have been exposed to in one day is 1.5 micrograms, **so that is 41 times the amount at which harm can be caused.''**

"According to the analysis of Dr. McKee, based on the methylmercury ingestion guidelines, the Chairman's grandson would have exceeded the ``ten times the MRL'' and therefore was placed ``at risk of overdose.'' In fact, with a 62.5 microgram exposure alone, the EPA, ATSDR, and FDA levels would have been exceeded by 10 times. **Because the FDA chose not to recall thimerosal-containing vaccines in 1999, in addition to all of those already injured, 8,000 children a day continued to be placed ``at risk for overdose'' for at least an additional two years**."

When you read about the **shell game** played **with oral absorption safe limits being used to compare to amounts of aluminum and mercury in vaccines**, you will begin to understand the massive amounts of these toxic metals that our children are being exposed to. More on this on pages 161-164 and 174-181 (mercury) and 196-202 (aluminum).

## A 2004 report by the *U.S. Office of Special Counsel* finds sufficient evidence of danger to public health

**On May 22, 2004**, after hundreds of disclosures from citizens to the ***Office of Special Counsel***, U.S. Special Counsel Scott Bloch issued these statements:

"I have recently received hundreds of disclosures from private citizens alleging a widespread danger to the public health, specifically to infants and toddlers, caused by childhood vaccines which include thimerosal, a mercury-containing preservative. As you know, the vaccine program is administered by the U.S. Department of Health and Human Services (HHS), over which you have oversight jurisdiction. Because none of the individuals making the disclosures are federal employees, former federal employees or applicants for federal employment, OSC lacks jurisdiction over these cases and can legally take no action on the allegations. 5 U.S.C. § 1213(a)(1). I hasten to add, however, that based on the publicly available information, as discussed briefly below, it appears there may be sufficient evidence to find a substantial likelihood of a substantial and specific danger to public health caused by the use of thimerosal/mercury in vaccines because of its inherent toxicity."

"Due to the gravity of the allegations, I am forwarding a copy of the information disclosed to you in your capacity as Chairmen of the Senate Committee and House Committee with oversight authority for HHS. I hope that you will review these important issues and press HHS for a response to this very serious public health danger."

"The disclosures allege that thimerosal/mercury is still present in childhood vaccines, contrary to statements made by HHS agencies, HHS Office of Investigations and the American Academy of Pediatrics. According to the information provided, vaccines containing 25 mcg of mercury and carrying expiration dates of 2005, continue to be produced and administered. In addition, the disclosures allege, among other things, that some datasets showing a relationship between thimerosal/mercury and neurological disorders **no longer exist**, that independent researchers **have been arbitrarily denied access to Centers for Disease Control and Prevention (CDC) databases**, and that government-sponsored studies have not assessed the genetic vulnerabilities of subpopulations. Due to their heightened concern that additional datasets may be destroyed, these citizens urge the immediate safeguarding of the Vaccine Safety Datalink database, and other relevant CDC information, so that critical data are not lost."

**The disclosures also allege that the CDC and the Food and Drug Administration colluded with pharmaceutical companies at a conference in Norcross, Georgia, in June 2000, to prevent the release of "a study which showed a statistical correlation between thimerosal/mercury exposure through pediatric vaccines and neurological disorders, including autism, Attention-Deficit/Hyperactivity Disorder, stuttering, tics and speech and language delays**. **Instead of releasing the data presented at the conference, the author of the study, Dr. Thomas Verstraeten, later published a different version of the study in the November 2003 issue of Pediatrics, which did not show a statistical correlation**. No explanation has been provided for this discrepancy. Finally, the disclosures allege that **there is an increasing body of clinical evidence on the connection of thimerosal/mercury exposure to neurological disorders which is being ignored by government public health agencies."**

***Segway from this current story to clarify this last paragraph and to fill in the gaps of the story….**

## The infamous Simpsonwood conference:

The meeting took place in June of 2000, whereby the CDC convened a scientific review panel at the Simpsonwood Retreat Center near Atlanta. At the gathering (which was intended to be secret), were over 50 experts—representing the CDC and FDA, state and international public health agencies and vaccine companies. The attendees met to discuss what they described as "theoretical concerns" about the risks of thimerosal-containing vaccines.

The following is an excerpt from the ***Children's Health Defense*** eBook, **Conflicts of Interest- Undermine Children's Health.** It is an excellent resource for gaining a more complete understanding of the convoluted conflicts of interest and industry protecting mechanisms in place. *(As always, references can be found in the original document).*

"The lead Simpsonwood speaker, ***Thomas ("Tom") Verstraeten, MD***, was a junior physician-biostatistician working in the CDC's Epidemic Intelligence Service (EIS). Verstraeten had been conducting analyses designed to assess the impact of thimerosal-containing vaccines on neurodevelopmental disorders in children. His earliest tables—never reported on or published but obtained through a Freedom of Information Act request by the autism advocacy organization ***SafeMinds***—demonstrated "striking" and statistically significant effects "supportive of a causal relationship between vaccine mercury exposure and childhood developmental disorders (especially autism)." These initial analyses, dubbed "Generation Zero" by SafeMinds, found consistently elevated risks (2-11 times higher) in the high-exposure groups compared to the zero-exposure group, with the strongest effects "for the highest levels of mercury exposure at the earliest time of exposure."

Between February 2000 and November 2003, Verstraeten and his CDC supervisors produced four further rounds of analyses that—with each round or "generation"—reduced or eliminated the elevated and statistically significant risks apparent in the Generation Zero data. This reflected, according to SafeMinds, "deliberate" methodological choices that took the findings in a direction "towards insignificance." When going over the "Generation One" analysis at Simpsonwood, Verstraeten made it clear that he was caught in the middle. On the one hand, he described a safety signal that would "never go away"—showing that thimerosal exposure in infancy displayed a statistically significant dose-related association with subsequent neurological damage—but he also hinted at the pressure that he was under to "turn everything around" and "make it go away" (see "Undeniable Safety Signal").Meanwhile, other Simpsonwood attendees cautioned that "we have to be very, very careful that we got it right when we decide to make a policy call on this." By the close of the meeting, all but one Simpsonwood attendee had agreed to rate the association between thimerosal and neurodevelopmental disorders as "weak."

In a post-Simpsonwood email in July, 2000 to Harvard researcher ***Philippe Grandjean***—a leading mercury and neurotoxicology expert—Verstraeten apologized for dragging Grandjean into a "nitty-gritty discussion" about thimerosal and neurodevelopment. Verstraeten stated, "I do not wish to be the advocate of the anti-vaccine lobby and sound like being convinced that thimerosal is or was harmful, but at least I feel we should use sound scientific argumentation and not let our standards be dictated by our desire to disprove an unpleasant theory."

Despite Verstraeten's scruples, others at the CDC—with Julie Gerberding at the helm—proceeded to hastily publish a handful of poorly designed epidemiological studies intended to shore up the

Simpsonwood consensus. Authored by industry-funded scientists, the studies examined a single neurodevelopmental outcome (autism) and seemingly absolved thimerosal of any responsibility for causing it. A study of the data presented at Simpsonwood was published in *Pediatrics* in 2003, with Verstraeten (now working at GlaxoSmithKline) as lead author. Although the publication used the later generations of analyses—featuring reworked exclusion criteria, exposure measures and statistical models—Verstraeten contested the notion that he or the CDC had "watered down" the original results. In a letter to the editor of *Pediatrics* in 2004, he described the study's results as "neutral," stating, "The bottom line is and has always been the same: an association between thimerosal and neurological outcomes could neither be confirmed nor refuted, and therefore, more study is required."

**Back to the 2004 report by the Office of Special Council…**

"I recognize that Congressman Dan Burton, Chairman of the House Committee on Government Reform, held hearings on CDC Activities Related to Autism most recently in April 2002 as well as from 1999-2001. During those hearings Dr. David Baskin, a Baylor School of Medicine neurologist, testified about his research and the **serious consequences of exposure to mercury**. Dr. Baskin concluded that even if the link to autism has not yet been conclusively proven, based on what is known to date about **mercury as a deadly neurotoxin** and because thimerosal is not an essential component to the vaccine, **there is no reason to continue to purposefully inject it into the bloodstream of infants**."

"I believe these allegations **raise serious continuing concerns** about the administration of the nation's vaccine program **and the government's possibly inadequate response to the growing body of scientific research on the public health danger of mercury in vaccines**. The allegations also present troubling information regarding children's cumulative exposure to mercury and the connection of that exposure to the increase in neurological disorders such as autism and autism-related conditions among children in the U.S."

https://worldmercuryproject.org/wp-content/uploads/2016/11/Scott_Bloch_letter_to_Congress.pdf

## Even the Institute of Medicine found it plausible that thimerosal containing vaccines could be associated with neurodevelopmental disorders

**This is a statement downloaded from the FDA's website**
https://www.fda.gov/biologicsbloodvaccines/vaccines/questionsaboutvaccines/ucm070430.htm :

"In its report of October 1, 2001, the Institute of Medicine (IOM's) Immunization Safety Review Committee concluded that **the evidence is inadequate to either accept or reject a causal relationship between thimerosal exposure from childhood vaccines and the neurodevelopmental disorders of autism, attention deficit hyperactivity disorder (ADHD), and speech or language delay**. At that time, the committee's conclusion was based on the fact that there were no published epidemiological studies examining the potential association between thimerosal-containing vaccines and neurodevelopmental disorders. **The Committee did conclude that the hypothesis that exposure to thimerosal-containing vaccines could be associated with neurodevelopmental disorders was biologically plausible.** However,

additional studies were needed to establish or reject a causal relationship. The Committee stated that the effort to remove thimerosal from vaccines was "a prudent measure in support of the public health goal to reduce mercury exposure of infants and children as much as possible."

Thimerosal is the neurotoxic heavy metal that is always brought up in these discussions, it was removed from most of the vaccines between 15 to 20 years ago as the FDA statement just stated… The removal came when it was concluded by a panel of scientific experts that it could not be proven safe. **In a few pages, you will be introduced to the toxic metal that has significantly increased in the vaccine dosing schedule, even as mercury was being reduced. That metal is aluminum and it's every bit as harmful if not more, as you will see. First, more on the mercury in vaccines**.

## The preservatives including thimerosal are extremely toxic to nerve cells, yet amounts found in vaccines are very ineffective in killing bacteria

A 2010 article in the journal ***Medical Science Monitor: International medical journal of experimental and clinical research*** titled, **The relative toxicity of compounds used as preservatives in vaccines and biologics** found that **thimerosal is by far the most toxic (aluminum wasn't studied).** It also found that even thimerosal which was most toxic to nerve cells was not very effective as a preservative. https://www.ncbi.nlm.nih.gov/pubmed/20424565

**From the study:** "**Using human neuroblastoma *(nerve)* cells, the relative cytotoxicity *(toxicity to cells),*** of the levels of the compounds commonly used as preservative in US licensed vaccines was found to be ***(least to most toxic to cells)*…phenol <2-phenoxyethanol < benzethonium chloride < Thimerosal. The observed relative toxicity indices (human neuroblastoma cells/bacterial cells) were 2-phenoxyethanol (4.6-fold) < phenol (12.2-fold) < Thimerosal (>330-fold!!). In addition, for the compounds tested, except for 2-phenoxyethanol, the concentrations necessary to induce significant killing of bacterial cells were significantly higher than those routinely present in US licensed vaccine/biological preparations**."

**The Conclusion:** "None of the compounds commonly used as preservatives in US licensed vaccine/biological preparations can be considered an ideal preservative, and their ability to fully comply with the requirements of the US Code of Federal Regulations (CFR) for preservatives **is in doubt**. **Future formulations of US licensed vaccines/biologics should be produced in aseptic manufacturing plants as single dose preparations, eliminating the need for preservatives and an unnecessary risk to patients."**

"Overall, none of the compounds commonly used as preservatives can be considered ideal preservatives. They were all found to be significantly toxic to human neurons, **and worse they were all found to be significantly more toxic to human neurons than bacterial cells.**"

**Interestingly:** In the study, the researchers tested **thimerosal at a concentration of 10 times the strength used in vaccines** and it **was ineffective** at killing the bacteria**. Phenol on the other hand, was tested at a strength 5 times weaker** than found in vaccines **and was effective at killing the bacteria**. This suggests that thimerosal, as toxic as it is to human beings, is not an effective preservative for

vaccines. On the other hand, phenol concentrations could conceivably be reduced to one fifth the concentration used in vaccines and be somewhat safer to the vaccine recipients. Phenol if you recall from the vaccine ingredients section of this manuscript is very toxic to humans.

# Controversy in claims about mercury

## It is often said that vaccines with mercury only carry "trace" amounts. Is that true?

This is a statement that is frequently bandied about by vaccine advocates. According to the FDA's own website, the definition of a trace amount is given in reference 1. Note that the symbol for microgram is µg:

**Thimerosal is approximately 50% mercury (Hg) by weight. A 0.01% solution (1 part per 10,000) of thimerosal **contains 50 µg (micrograms) of Hg per 1 mL dose or 25 µg of Hg per 0.5 mL dose.**

[1] The term "trace" has been taken in this context to mean 1 microgram of mercury per dose or less

[2] Individuals 6 months of age and older receive a full-dose of vaccine, i.e., 0.5 mL

[3] Children 6 months of age to less than 3 years of age receive a half-dose of vaccine, i.e., 0.25 mL; children 3 years of age and older receive 0.5 mL dose

View it here:
https://www.fda.gov/biologicsbloodvaccines/safetyavailability/vaccinesafety/ucm096228.htm#bib

**SUMMARY:** This text from the CDC states that **a trace amount is considered 1 microgram (µg) or less,** yet it also says that **individuals 6 months of age receive a 0.5 mL dose which is 25 µg of mercury or 25X what would be considered a trace amount!**

## How much mercury is in current vaccines?

This table from ***Johns Hopkins Bloomberg School of Public Health*** lists the current tally in "some" of the mercury containing vaccines. http://www.vaccinesafety.edu/thi-table.htm Most of the vaccines listed have about 25 mcg/0.5 mL of Thimerosal. **The ones with an asterisk have the following statement….**
***** This product should be considered equivalent to thimerosal-free products. This vaccine may contain trace amounts (<0.3 mcg) of mercury left after postproduction thimerosal removal; these amounts have no biological effect. JAMA 1999;282(18) and JAMA 2000;283(16).

That statement from 1999 has been disproven today. In fact, this article has several studies that refute that claim. **So in essence, even "thimerosal-free" vaccines can contain thimerosal**.

## The Director from the *Institute of Vaccine Safety* at *Johns Hopkins University* calls for the reduction or elimination of thimerosal from vaccines. He states that the ethylmercury in thimerosal is neurotoxic

This is a very interesting caveat to that article. The title is **Limiting Infant Exposure to Thimerosal in Vaccines and Other Sources of Mercury**. This is Dr. Neal Halsey's editorial on ways to cut down on infant exposure to mercury.

In reading this article (actually it is a slide presentation), it appears to be a thoughtful expose on way to reduce mercury exposure by taking into account the weight of the baby, etc.
http://www.whale.to/vaccines/thimerosal3.html

So, who is Dr. Halsey and what are his qualifications as an expert in this arena? **Dr. Neal Halsey, is the *Director of the Institute of Vaccine Safety at Johns Hopkins University*.**

**Quotes from Dr. Halsey's presentation:**

"**Exposure to a fixed dose (e.g. 62.5 ug) of mercury at 2 months of age poses a greater potential risk than the same dose administered at 6 months of age because a child weighs more at 6 months and the target organ, the brain, is more vulnerable early in life**."

"The recent ***American Academy of Pediatrics***/Public Health Service recommendation to defer the first dose of hepatitis B vaccine for infants born to HBsAg negative mothers until 2-6 months of age has addressed the problem of exposure at birth, **but the exposure to mercury at 2 months of age is much greater and we need to do more to reduce this potential exposure**."

He calls for looking for alternatives for mercury. "*The last point is that we need to have good science used for decision making in the review of alternatives to thimerosal and the effects on the final product from **reducing or removing thimerosal from vaccines**.*"

So, when they say, "these amounts have no biological effect", this article that they cite to support their argument**, is actually completely NON-supportive**. **It ACTUALLY SAYS that mercury at any level is not acceptable.**

I find this a lot in the pro-vaccine research references. Often the referenced article or statement actually **disproves** what they say it proves. I guess they feel that no one will take the time to read it or dive deeper than the surface. And, the vast majority of the time they get away with it.

In response to Dr Halsey's report, **a series of three letters debating the issue commenced and an argument ensued in *JAMA Letters*. One is by Paul Offit MD, a CDC scientist and spokesperson for the vaccine industry. Another physician critical of Dr. Halsey was Dr. Plotkin. They were both critical of Dr. Halsey's position. Dr. Halsey unloaded on them in a 2000 JAMA response:**

**Preventing Harm from Thimerosal in Vaccines—Reply**

Neal A. Halsey, MD JAMA Letters, April 26, 2000;283(16):2104-2105. doi:10.1001/jama.283.16.2101

**In Reply:**

Dr Offit and Dr Plotkin criticize policy changes in the absence of data indicating harm from thimerosal in vaccines. There is no surveillance system in place to detect the effects of low to moderate doses of organomercurials on the developing nervous system, and special studies of children who received the highest doses will take several years to complete. Given the availability of alternative products, it was inappropriate to continue exposing infants to amounts of mercury that exceed Environmental Protection Agency guidelines, which are based on careful scientific studies and established principles for toxic exposures. Infants in less than the fifth percentile in weight for age who received all thimerosal-containing vaccines would be exposed to cumulative amounts of mercury exceeding those in the Agency for Toxic Substances and Disease Registry guidelines, and larger infants who received mercury from their mothers or other sources also would exceed these limits. Safety margins should be respected because of individual variability in susceptibility and limitations in our ability to measure subtle toxic effects. **The ethylmercury in thimerosal is neurotoxic** and in the absence of data to the contrary, experts agree that the potential toxicity from ethylmercury should be considered equivalent to that from methylmercury.

## Dr Offit estimates that an infant should have the theoretical capacity to respond to about 10,000 vaccines at any one time

"A more practical way to determine the diversity of the immune response would be to estimate the number of vaccines to which a child could respond at one time...**then each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time**." *Huh? What a ridiculous and bizarre statement!* https://www.ncbi.nlm.nih.gov/pubmed/11773551

The following two quotes attributed to Dr. Offit and links on his voting pattern are from www.fourteenstudies.org

**Regarding Thimerosal in vaccines:**
"In some instances, I think full disclosure can be harmful. Is it safe to say there is zero risk with thimerosal, when it is remotely possible that one child would get sick? Well, since we say that mercury is a neurotoxin, we have to do everything we can to get rid of it. But I would argue that removing thimerosal didn't make vaccines safer -- it only made them perceptibly safer."

**On potential conflicts of interest as a vaccine patent-holder:**
"I am a co-holder of a patent for a (rotavirus) vaccine. If this vaccine were to become a routinely recommended vaccine, I would make money off of that. When I review safety data, am I biased? That answer is really easy: absolutely not."

**Read about his erratic voting pattern on the rotavirus vaccine when he sat on the ACIP committee here. Also check out** www.pauloffit.com.

**The fix is in:**
In fact, as one of the patent holders Offit along with Stanley Plotkin M.D. on the first failed Rotavirus Vaccine, Offit sat on the Advisory Committee on Immunization Practices (ACIP), that voted whether the Rotavirus Vaccine should be approved and added to the schedule. As the patent holder for the vaccine,

how he can even have a seat in the room, much less vote on approving it for the vaccine schedule it is incomprehensible!

An article posted February 05, 2019 on the ***Children's Health Defense*** web site titled, **The Rotavirus Vaccine: A Case Study in Government Corruption and Malfeasance** summarized the conflicts of interest nicely. https://childrenshealthdefense.org/news/the-rotavirus-vaccine-a-case-study-in-government-corruption-and-malfeasance/

"Among the Congressional investigation's findings were that three out of five members of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) "who voted to approve the rotavirus vaccine in December 1997 had financial ties to pharmaceutical companies that were developing different versions of the vaccine", while four out of eight members of the CDC's Advisory Committee on Immunization Practices (ACIP) "who voted to approve guidelines for the rotavirus vaccine in June 1998 had financial ties to pharmaceutical companies that were developing different versions of the vaccine".

The Rotavirus debacle and the numerous improprieties involved in the approval process, triggered a congressional investigation and report titled, **Conflicts of Interest in Vaccine Policy Making** by the ***Committee on Government Reform, U.S. House of Representatives*** dated August 21, 2000. There were several recommendations made designed to correct the blatant lack of oversight in preventing conflict of interest and financial interest bias from members of these committees who have ties to the pharmaceutical companies that manufacture the very vaccines that they are deciding whether to approve or not. The real question is, have those safeguards been put in place and followed?

**The Children's Health Defense article cites another bizarre quote by Offit:**
"Offit also happens to be a routinely cited go-to "expert" on vaccines for the mainstream media. He once penned an op-ed for the *New York Times* accusing parents who choose not to vaccinate their children of *child abuse* on the grounds that Jesus, were he with us in the flesh today, would advocate forcibly vaccinating children against their parents' will."

Not only that, but the vaccine was pulled off the market less than a year after it was released due to increased rates of intussusception (bowel obstruction), which led to hospitalizations, surgeries and even one death. It was revealed later that the clinical trials found this same problem, but it was not considered "significant enough" by the vaccine manufacturer to withhold its release. The pre-licensure clinical trials 5 children out of 10,054 children developed intussusception. That is a rate of .05 %, which the package insert called "insignificant" ("RotaShield" Package Insert, Wyeth-Ayerst, pg. 13). Once on the market, a clear and present danger associated intussusception with the vaccine. The "RotaShield" rotavirus vaccine was removed from the U.S. market in October 1999.

So, what did Dr. Offit the original patent holder do? Over the next few years, he proceeded to develop a second patent on a new second-generation Rotavirus Vaccine, the RotaTeq Vaccine. That vaccine was eventually approved for release in 2006. It has been reported that Offit personally made approximately $30 million dollars selling the rights to the vaccine. Recently, and ironically, there has been a higher incidence of intussusception associated with the latest generation Rotavirus vaccine. As a result, there have been calls for the removal of that vaccine due to the same issues with intussusception that the

first-generation Rotavirus vaccine Dr. Offit patented caused. You would think that they would have determined the reason for the problem and fixed it the second time around.

**Other adverse effects from the Rotavirus Vaccine:**
A CDC document on Rotavirus which is supposed to prevent diarrhea from Rotavirus, lists the percentage of recipients that experience the following side effects for the RV5: Diarrhea 18.1% and Vomiting 11.6%. So, nearly 1 in 5 children develop diarrhea from the vaccine and 1 in 9 develop vomiting. That's 30% of recipients that have a significant adverse reaction from the vaccine! https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/rota.pdf

Later in this document you will see another section discussing more about the problems being associated with the 2 second generation Rotavirus Vaccines Rotarix and RotaTeq. As a teaser, one of the issues is contamination with pig circoviruses. You can do a key word search for Circovirus and it will take you right to it.

## It is often quoted that ethylmercury is not as dangerous as methylmercury. This is completely false

The ethylmercury found in vaccines is as toxic as the methylmercury found in fish and other creatures contaminated from mercury in their environment. The 2002 study often cited as refuting that claim is was published in the British medical journal ***Lancet***. It was titled, **Mercury concentrations and metabolism in infants receiving vaccines containing thiomersal: a descriptive study.** This study had numerous design flaws and has since been proven false (see more below). https://www.ncbi.nlm.nih.gov/pubmed/12480426

## A 2017 study looks at multiple comparatives between methyl and ethyl mercury and their toxic effects

Case in point, a new CDC study titled **Alkyl Mercury-Induced Toxicity: Multiple Mechanisms of Action** and published in the ***Reviews of Environmental Contamination and Toxicology*** warns of the extreme danger of the ethylmercury in vaccines. https://www.ncbi.nlm.nih.gov/pubmed/27161558

## CDC study finds that Thimerosal in extremely toxic even in minute amounts

The following is an excerpt from an excellent article written by Robert F. Kennedy Jr. and Lyn Redwood, RN, MSN on the EcoWatch web site, dated February 01, 2017. The article is titled, **New CDC Research Debunks Agency's Assertion That Mercury in Vaccines Is Safe** (https://www.ecowatch.com/cdc-mercury-vaccines-kennedy-2226257805.html)

The CDC has long answered that nettlesome question with the controversial claim that ethylmercury in vaccines is not toxic to humans. Now, two CDC scientists have published research decisively debunking that assertion. As it turns out, there is no "good mercury" and "bad mercury." Both forms are equally poisonous to the brain.

The 45-page meta-review of relevant science examines the various ways that mercury harms the human body. Its authors, John F. Risher, PhD, and Pamela Tucker, MD, are researchers in the CDC's Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry.

"This scientific paper is the one of most important pieces of research to come out of the CDC in a decade," Paul Thomas, M.D., a Dartmouth-trained pediatrician who has been practicing medicine for 30 years, said. **"It confirms what so many already suspected: that public health officials have been making a terrible mistake in recommending that we expose babies and pregnant women to this neurotoxin**. I regret to say that I gave these shots to children. The CDC led us all to believe that it was perfectly safe."

**Among the findings of the CDC's new study:**

- Methylmercury, the highly-regulated neurotoxin found in fish, and ethylmercury (found in medical products, including influenza and tetanus vaccines, ear drops and nasal sprays) are **similarly toxic to humans**. Methylmercury and ethylmercury share common chemical properties, and **both significantly disrupt central nervous system development and function**.

- Thimerosal **is extremely toxic at very low exposures** and is more damaging than methylmercury in some studies. For example, **ethylmercury is even more destructive to the mitochondria in cells than methylmercury**.

- **The ethylmercury in thimerosal does not leave the body quickly as the CDC once claimed, but is metabolized into highly neurotoxic forms**.

"**This study is a nuclear bomb detonating over the CDC," Boyd Haley, chairman emeritus of the University of Kentucky Chemistry Department, said. "It should be getting international, front page headlines**."

**The study meticulously details identical toxicity pathways shared by both forms of mercury**: There were numerous pathways of damage listed. Refer to the above article for those details.

## Wow!

In the earlier cited study that concluded that ethylmercury is “cleared” from the body faster than methylmercury, therefore it isn’t as dangerous. **What actually happens is that a large percentage of ethylmercury is absorbed and taken up into the organs and bones and stored causing all kinds of metabolic problems. They made the assumption that the mercury was being excreted because the blood levels were dropping.** https://www.ncbi.nlm.nih.gov/pubmed/12480426

So, how credible this study? The author of the study claimed that he had no conflicts of interests. A comment by Mark R. Geier and David A. Geier published in 2004 in ***The Lancet***, the British medical journal that published the article, stated the following:

"In their 2002 Article on mercury concentrations and metabolism in infants receiving vaccines containing thiomersal,[1] Michael Pichichero and colleagues' conflict of interest statement read: "None declared."

Despite such a claim, Pichichero published in the journal **American Family Physician**[2] in 2000 the statement: "The author has received research grants and/or honoraria from the following pharmaceutical companies: Abbott Laboratories, Inc.; Bristol-Myers Squibb Company; Eli Lilly & Company; Merck & Co.; Pasteur Merieux Connaught; Pfizer Labs; Roche Laboratories; Roussel-Uclaf; Schering Corporation; Smith Kline Beecham Pharmaceuticals; Upjohn Company; and Wyeth-Lederle."

On the basis of this disclosure by Pichichero of 12 different pharmaceutical conflicts he had previously disclosed in another study, **he clearly did have a conflict of interest that he did not disclose to the readers of *The Lancet***.

***Mark R. Geier*** has been an expert witness and a consultant in cases involving vaccine adverse reactions before the no-fault National Vaccine Injury Compensation Program (NVICP) and in civil litigation.

According to ***VaccineImpact.com***, "Dr. Geier is NOT anti-vaccine. He is an M.D. and has a Ph.D. in genetics. He spent 10 years working at the National Institute of Health, and was a professor at Johns Hopkins University as a geneticist. He is also the author of over 150 peer-reviewed publications. He worked on vaccine safety and efficacy for more than 30 years. He was one of four scientists that worked to replace the DTP vaccine, a vaccine that caused every child to become sick with a high fever at the time of vaccination, with the DTaP vaccine, which is a more purified vaccine and causes illness due to fever in only 3% of those vaccinated." https://vaccineimpact.com/2018/get-your-flu-shot-doj-report-from-vaccine-court-reveals-flu-shot-is-most-dangerous-vaccine-in-u-s/

***David A. Geier*** has been a consultant in cases involving vaccine adverse reactions before the no-fault National Vaccine Injury Compensation Program (NVICP) and in civil litigation.

"Mr. Geier's extensive research experience has involved cellular molecular-biology studies, large population observational epidemiological studies, and human placebo-controlled randomized clinical trials. Mr. David A. Geier has published more than 100 peer-reviewed scientific/medical studies in academic journals and medical textbook chapters. Mr. Geier's research has repeatedly been published in such prestigious academic journals as ***Experimental Biology and Medicine***, *Expert Opinion on Drug Safety*, *Expert Opinion on Pharmacotherapy*, and *Expert Review of Molecular Diagnostics*." https://mercuryfreebaby.org/david-a-geier/

## Another study echoes the dangers of ethylmercury found in vaccines

A 2005 study titled **Effects of Thimerosal on NGF Signal Transduction and Cell Death in Neuroblastoma Cells** and published in the ***Journal of Toxicological Sciences*** refutes claims that the ethylmercury found in thimerosal is not as toxic as methylmercury. https://www.ncbi.nlm.nih.gov/pubmed/15843506

**From the article: Ethylmercury and its decomposition product, Hg2þ, rapidly accumulate in the tissues, preferentially in the kidneys and brain**. Following in vivo administration, **ethylmercury passes**

**through cellular membranes and concentrates in cells of vital organs, including the brain, where it releases inorganic mercury, raising its concentrations higher than equimolar doses of its close and highly toxic relative methylmercury.**

## How does the amount in vaccines compare to the "safe" limits determined by the EPA?

- 2 parts per billion (ppb) of mercury is the mandated limit in drinking water (considering that < 1% of orally ingested mercury is even absorbed through the gut into the blood stream, **the absorbed amount** would be approximately .02 ppb and is the EPA's maximum allowable amount).
- 0.5 parts per billion (ppb) mercury = Kills human neuroblastoma cells (Parran et al., ***Toxicological Sciences*** 2005; 86: 132-140) https://academic.oup.com/toxsci/article/86/1/132/1654176 )
- 20 ppb mercury = Neurite membrane structure destroyed (Leong et al., Neuroreport 2001; 12: 733-37).
- **200 ppb mercury in liquid waste renders it a toxic hazard**
- **25,000 ppb is found in the hepatitis B shot** given at birth (and this goes directly into the blood stream and is **1,250,000 times the maximum safe (absorbed) EPA limit**
- **50,000 ppb is found in regular flu shots** — recommended for children, pregnant women, the elderly…**2,500,000 times the EPA absorbed maximum safe limit!**
- **50,000 ppb Mercury** = Concentration of mercury in **multi-dose DTaP and Haemophilus B vaccine vials**, administered 4 times each in the 1990's to children at 2, 4, 6, 12 and 18 months of age.
- **50,000 ppb Mercury** = Current "preservative" level mercury **in multi-dose flu** (94% of supply), **meningococcal and tetanus** (7 and older) **vaccines.** This can be confirmed by simply analyzing the multi-dose vials.

https://www.nvic.org/faqs/mercury-thimerosal.aspx
https://www.naturalnews.com/045418_flu_shots_influenza_vaccines_mercury.html
https://healthfreedomidaho.org/flu-vaccine-is-not-mercury-free

# As bad or worse than mercury, levels of aluminum exposure in vaccines has steadily risen- Much, much more on this later in this document

## A major factor in the escalating incidence of immune and neurological conditions, is that as mercury exposure has gone down, aluminum has gone up!

Unfortunately, as vaccine manufacturers have reduced the use of mercury, they have increased the use of aluminum, **which many scientists believe may be up to seven times more neurotoxic than Mercury**. I will first present a recent study that describes this assertion and then numerous studies later that will remove any doubt about aluminum's role in the continued escalation of autism rates.

## A viable explanation for the fact that autism rates continued to climb after mercury was removed from most childhood vaccines

An article published in the journal ***Environmental Health*** titled, **A comparison of temporal trends in United States autism prevalence to trends in suspected environmental factors**, explains the continuing rise of autism after thimerosal was phased out of most childhood vaccines. They cite the increase in pre-natal shots to pregnant mothers with mercury containing vaccines and the replacement of mercury with aluminum in most childhood vaccines including the hepatitis B vaccine infants get at birth. https://www.ncbi.nlm.nih.gov/pubmed/?term=25189402

**From the article:**
"Figure S6 shows that the expansion of thimerosal exposure in the late 1980s and early 1990s coincides closely with the rise in autism around that time. However, as noted by others, the temporal trends in autism and thimerosal following the childhood vaccine thimerosal phaseout are incompatible."

"**A possible confounding factor in the postnatal thimerosal analysis is the administration of flu shots to pregnant women, which increased in the late 1990s/early 2000s around the same time that thimerosal was being phased out of children's vaccines. Many flu shots still contain 25µg Hg and thus may be leading to increased prenatal exposure**."

"**Other vaccine indices, including cumulative aluminum adjuvants and cumulative total number of immunizations, continue to correlate strongly with autism trends** (See page 7- Figure 5, Additional file 1: Figure S7-S8). **Aluminum is a demonstrated neurotoxin that can induce neuroimmune disorders and cellular oxidative stress. Several recent studies have described biological mechanisms by which aluminum could contribute to autism** and have emphasized the need to consider the interaction of aluminum and vaccines with other pharmaceuticals, including antibiotics and the antipyretic acetaminophen. **The upward trend in aluminum adjuvant exposure is also notable in that very young infants have experienced the largest relative increases from the early 1980s to 2005. Newborns have seen essentially an infinite increase due to the hepatitis B birth dose, the receipt of which has been linked epidemiologically to increased autism risk, while 2 month-olds have seen about a 3-fold increase in aluminum adjuvant exposure."**

## Environmental influences including aluminum vaccine adjuvants are triggers for the development of autism

A 2016 study from ***Environment International*** titled, **Environmental factors in the development of autism spectrum disorders**, looks at the full spectrum of environmental factors that can be contributing factors in the genesis of autism. But the last sentence seems to put an exclamation point on the aluminum from adjuvants. https://www.ncbi.nlm.nih.gov/pubmed/26826339

**From the Abstract:**
"In developed countries, it is now reported that 1%-1.5% of children have ASD, and **in the US 2015 CDC reports that approximately one in 45 children suffer from ASD**. *(2014 statistics)* Despite the intense

research focus on ASD in the last decade, the underlying etiology remains unknown. Genetic research involving twins and family studies strongly supports a significant contribution of environmental factors in addition to genetic factors in ASD etiology. **A comprehensive literature search has implicated several environmental factors associated with the development of ASD. These include pesticides, phthalates, polychlorinated biphenyls, solvents, air pollutants, fragrances, glyphosate and heavy metals, especially aluminum used in vaccines as adjuvant."**

**As I stated previously, there is MUCH, MUCH more on the dangers of aluminum to come in this document!**

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# *VACCINE INGREDIENTS*

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## What exactly is in vaccines? And, are the ingredients toxic?

If you want to be shocked, read this. It is a link the to the CDC's vaccine ingredients contained in all of the approved vaccines. You can read it for yourself. If you want to be REALLY shocked, first read this section over the next several pages on the ingredients and the health risks presented by those ingredients, then go back and read which ones are in the different vaccines.

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

**Some of the things that you will see in this list are:**

Formaldehyde, AKA Formalin (the trade name often used in vaccines) is a proven carcinogen, MSG (by itself and including several other forms of neuroexcitatory chemicals in these vaccines appearing as hydrolyzed, modified, autolyzed), the neurotoxic heavy metals aluminum and thimerosal (Mercury), human-diploid fibroblast cell cultures from aborted babies, fetal cow serum, 2-phenoxyethanol which the FDA has linked to depression of the central nervous system, WI-38 and MRC-5 human cells from aborted babies, monkey kidney cells, antibiotics (neomycin, neomycin sulfate, kanamycin, streptomycin, tetracycline and gentamicin sulfate), polysorbate 80 (Tween 80), polysorbate 20, nonylphenol ethoxylate, acetone, unique animal derived retroviruses that have been found in human tumors and tissues, human serum albumin, human and animal DNA (even DNA fragments from the aborted human fetuses mentioned above), Human, cow and pig serum proteins, glutaraldehyde ( a strong biocide

disinfectant and sanitizer for industrial purposes), squalene, cetyltrimethlyammonium bromide, β-propiolactone plus many other chemicals with names that are difficult, if not impossible to pronounce.

**UPDATE: As of January 2019, the CDC has changed the way they are reporting the vaccine ingredients on their vaccine excipient and media table. They have removed the word media from the title and have added the following statement…." Note: Substances used in the manufacture of a vaccine but not listed as contained in the final product (e.g., culture media) can be found in each PI, but are not shown on this table." *(P.I. stands for Product Insert)*. This is very problematic because it appears as though they don't want to be fully forthcoming with the public who want to know what is in the vaccines. It is possible for an individual to go to each vaccine's product insert online and find the ingredient section and read it there, but that is very tedious and time consuming.**

**It also looks as though they have removed one of the most controversial ingredients from the table, the WI-38 Human Diploid Lung Fibroblasts Cell line that the virus for the Rubella portion of the MMR and MMRV vaccines are cultured in. Those human lung fibroblasts came from an aborted baby in 1962. In fact, the baby used was the 32nd aborted baby they used before settling on these cells. The cells containing that baby's own DNA have been used since that time. This is problematic on many levels, including moral, ethical, religious and potential for causing health problems in humans including the possibility that this DNA could contaminate the DNA of the person getting the vaccines. You will read more about this in the next couple pages and more about the various cell lines from other aborted babies and the ramifications on pages 125-130 and more later in this eBook.**

## Mercury and aluminum have grabbed most of the headlines as toxic ingredients in vaccines, but there is so much more!

The heavy metal aluminum **stimulates the immune system to react more vigorously to the vaccine**. Both mercury and aluminum have been shown to cause serious neurotoxicity. Much, much more on this later.

# Details and concerns regarding the other vaccine ingredients than mercury and aluminum

The abbreviation **MSDS** that you will see in the excerpts from with many of these chemicals, stands for **Material Safety Data Sheet**. It is the sheet produced for all chemicals that detail their properties, precautions, warnings, reactivity and possible health hazards.

Some of the following information is provided by http://vaxtruth.org/2011/08/vaccine-ingredients/ (and various other sources as indicated).

- Aborted fetal tissue cell lines
  **This raises serious religious, personal, ethical and moral issues**. Abortion is a contentious issue because unborn babies are killed, plain and simple. The injection of DNA from aborted fetal cell lines into a person's body in unconscionable to many based on their personally held beliefs. **For many of you reading this, you had no idea that you were allowing these DNA particulates from aborted babies to be injected into the bodies of yourselves and your children.** Therein lies a big part of the problem. **There is often no true informed consent with vaccines**. **And if one is presented, it is usually sorely inadequate. People should be told EVERYTHING about what is in the vaccine, ALL the risks and what the ACCURATE effectiveness is. Lots more on all of this later!**

  Question my claim about aborted baby tissue used to make vaccines? Read this….. **Development of Vaccines from Aborted Babies** by Jessica Farnsworth, M.D., May 2011. http://www.epm.org/static/uploads/downloads/Vaccines_Using_Tissue_from_Aborted_Babies.pdf. This paper discusses the history of using aborted babies to produce the cell lines that are still used in many of the vaccines today.

  **Examples of fetal cell lines containing human DNA that are used in vaccines include:**

  WI-38, MRC-5, HEK-293, walvax-2, etc. More detail on these and the controversies surrounding them at the end of the vaccine ingredients summaries.

- 2- phenoxyethanol-
  In 2008, the FDA has warned consumers not use nipple creams for breastfeeding mothers because the phenoxyethanol in it **"can depress the central nervous system and may cause vomiting and diarrhea, which can lead to dehydration in infants."**
  http://scienceblogs.com/terrasig/2008/05/25/nipple-cream-warning-harmful-t/

- Polysorbate-80-
  This is from an article from the ***Annals of Allergy, Asthma & Immunology*** titled, **Polysorbate 80 in medical products and nonimmunologic anaphylactoid reactions,** showing that Polysorbate 80 which is one of the common ingredients in vaccines can cause **anaphylactic reactions.** Volume 95, Issue 6**,** December 2005, Pages 593-599.
  https://www.ncbi.nlm.nih.gov/pubmed/16400901

  **Quotes from the article:**
  "Polysorbate 80 was identified as the causative agent for the anaphylactoid reaction of nonimmunologic origin." **Conclusions:** "Polysorbate 80 is a ubiquitously used solubilizing agent that can cause **severe** nonimmunologic anaphylactoid reactions."

  **It is ironic that Polysorbate 80 is being studied and used in recent years to help transport nanoparticles and drugs that would normally be prevented from entering the brain by the blood brain barrier (BBB) into the brain.** "It's special property of actively crossing from the blood stream into the brain has made it a novel transport mechanism for drug delivery of compounds that normally would not be able to cross the BBB". **In fact, many of the articles**

**demonstrated that it transported neurotoxic substances into the brain. One way it does this is by disrupting (damaging) the Blood-Brain Barrier.**

A current search of PubMed using the key words Polysorbate 80 AND Blood Brain Barrier resulted in 77 studies. This is just one example…A study published in the Journal ***NeuroRX: The Journal of the American Society for Experimental NeuroTherapeutics*** *titled,* **The blood-brain barrier: bottleneck in brain drug development.**
https://www.ncbi.nlm.nih.gov/pubmed/15717053

**From the article: Solvent/adjuvant-mediated Blood Brain Barrier (BBB) disruption**

"The BBB, like cell membranes in general, is subject to solvent-mediated disruption with chemicals such as ethanol, dimethylsulfoxide (DMSO), or detergents such as SDS, or **Tween 80 also known as polysorbate-80."** ***This is really bad news, especially because a fetus, infants and young children already have an immature/incomplete BBB. These solvents will further disrupt that already "leaky" membrane allowing larger particles to shoot through into the brain!***

"Tween 80, also known as polysorbate-80, is frequently administered in CNS drug formulations. A dose of polysorbate-80 of 3-30 mg/kg **will cause BBB disruption in mice**. Analgesia with kyotorphin, a oligopeptide that normally does not cross the BBB, is possible following the peripheral administration of the peptide, **providing Tween 80 is co-administered**."

What does that have to do with the fact that it is found in vaccines? I thought you would never ask. **Currently 15 vaccines contain Polysorbate 80 (AKA Tween 80) and 3 contain Tween 20**, which has the same effect. **The Tween 80 and Tween 20 transport nanoparticles and larger particles into the brain. Aluminum, mercury and other components in vaccines are in various sizes including nanoparticle size**. **A current search on PubMed with the key words aluminum hydroxide and nanoparticles revealed 216 articles**.

**So, essentially the neurotoxic metals in the vaccines have a convenient delivery system in the vaccine itself (polysorbate or Tween 80), that assist these heavy metals into the brain where they can do their damage.** I wonder how many doctors or scientists even realize this? Have I seen studies that have shown this transport of aluminum and mercury specifically? No, but it was shown to carry iron oxide another metal into the brain.
https://www.ncbi.nlm.nih.gov/pubmed/?term=27092793

So, it makes perfect sense that the properties of the Tween 80 and 20 to transport numerous substances readily into the brain creates a high probability that it will do the same with the metals and many other chemicals fund in vaccines. This needs to be investigated further.

**These are the vaccines currently on the schedule containing Polysorbate 80 (Tween 80) and aluminum or Thimerosal (mercury)**

*some that do not have the metals are listed with some of the other potentially harmful ingredients found in those vaccines

- DTaP (Infanrix) + aluminum
- DTaP-IPV (Kinrix) + aluminum
- DTaP-IPV (Quadracel) + aluminum
- DTaP-HepB-IPV (Pediarix) + aluminum
- DTaP-IPV/Hib (Pentacel) + aluminum
- Hep B (Heplisav-B)
- Human Papillomavirus (HPV) (Gardasil 9) + aluminum
- Influenza (Fluad) + Squalene, neomycin, kanamycin
- Influenza (Fluarix) Trivalent & Quadrivalent + gentamicin sulfate
- Influenza (Flucelvax) Trivalent & Quadrivalent + β-propiolactone
- Influenza (Flulaval) Trivalent & Quadrivalent + thimerosal (multi-dose)
- Meningococcal (MenB – Trumenba) + aluminum
- Pneumococcal (PCV13 – Prevnar 13) + aluminum
- Rotavirus (RotaTeq)
- Tdap (Boostrix) + aluminum
- Zoster (Shingles) (Shingrix)

**Polysorbate 20 (Tween 20)**

- Hep A (Havrix) + aluminum
- Hep A / Hep B (Twinrix) + aluminum (2 types)
- Influenza (Flublok) Trivalent & Quadrivalent

Interestingly, Polysorbate 80 is also being studied to deliver natural substances into the brain. A 2016 study in the ***Journal of Microencapsulation***, titled **Polysorbate-80-coated, polymeric curcumin nanoparticles for in vivo anti-depressant activity across BBB and envisaged biomolecular mechanism of action through a proposed pharmacophore model**, successfully tests the transport of curcumin to affect an anti-inflammatory action in the brain. https://www.ncbi.nlm.nih.gov/pubmed/?term=27682805

**From the abstract:**
"Depression is a modern world epidemic. Its main causative factor is oxidative stress, as reported in study subjects."

Another 2008 article from the ***Bulletin of Experimental Biology and Medicine*** titled, **Antiparkinsonian effect of nerve growth factor adsorbed on polybutylcyanoacrylate nanoparticles coated with polysorbate-80**, describes great success with using the Polysorbate 80 coated drug. https://www.ncbi.nlm.nih.gov/pubmed/?term=19023984

**From the Abstract:**
"These data attest to the possibility of using nanoparticles prepared from amphiphilic polymers and coated with polysorbate-80 for the delivery of nerve growth factor into the brain during systemic treatment."

As you will see on page 600-601, 605-606, 607-611 and 626-628, Polysorbate 80 was used along with aluminum as the "placebo" in the clinical trials for the HPV vaccine Gardasil. That breaks every scientific precedent for what a true placebo is (typically a saline or mildly salty solution, like normal body fluids which will not create a reaction of any kind).

- Polysorbate 20 (Tween 20)
  Polysorbate 20 has a relatively clean toxicity report based on the Material Safety Data Sheet. The Environmental Working Group states, that the chemical in and of itself has a relatively safe track record https://www.ewg.org/skindeep/ingredient/705137/POLYSORBATE-20/ , although it cites concerns over **possible contamination by Ethylene Oxide, a known human carcinogen** https://www.ewg.org/skindeep/ingredient/726229/ETHYLENE_OXIDE/ **and 1,4-Dioxane a possible human carcinogen**. https://www.ewg.org/skindeep/ingredient/726331/1%2C4-DIOXANE/

- Formalin, AKA Formaldehyde-

  (Source: vaxtruth.org)- Formalin is an aqueous, form of Formaldehyde. **Formaldehyde is toxic and is known to cause cancer**. The International Agency for Research on Cancer (IARC) **classifies formaldehyde as a human carcinogen,** [International Agency for Research on Cancer (June 2004). *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 88 (2006): Formaldehyde, 2-Butoxyethanol and 1-tert-Butoxypropan-2-ol*. Retrieved June 10, 2011, from:http://monographs.iarc.fr/ENG/Monographs/vol88/index.php].

  In 2011, the ***National Toxicology Program***, an interagency program of the Department of Health and Human Services, named formaldehyde as a known **human carcinogen** in its **12th Report on Carcinogens [National Toxicology Program** (June 2011). **Report on Carcinogens, Twelfth Edition**. ***Department of Health and Human Services, Public Health Service, National Toxicology Program***. Retrieved June 10, 2011, from: http://ntp.niehs.nih.gov/go/roc12].

  Also, in a bulletin dated August 08, 2014, the ***National Academy of Sciences and Institute of Medicine*** classified formaldehyde **as a known human carcinogen**. http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=18948

  **Formaldehyde at body temperature is oxidized into formic acid which leads to acidosis and nerve damage.** Acidosis can be described as a condition in which the acidity of the body tissues and fluids is abnormally high. The liver and the kidneys may also be damaged. Interestingly, formic acid is the same chemical that fire ants secrete when they bite. If you've ever been bitten by a fire ant, I'm sure that you will remember the pain and swelling that it can cause.

Many people experience an allergic reaction to formaldehyde. According to the ***National Research Council:*** Fewer than 20%, but perhaps more than 10% of the general population may be susceptible to formaldehyde allergies ***and may react acutely at any exposure level***. Therefore, if 15% of individuals will suffer an allergic reaction to it, it makes no sense to keep it in vaccines.

**Other known side effects from exposure to formaldehyde:**

- Alters tissue proteins
- anemia
- antibodies formation
- apathy
- blood in urine
- body aches
- cardiac impairment
- palpitations and arrhythmias
- central nervous system depression
- changes in higher cognitive functions
- chest pains and tightness
- colds
- coma
- constipation
- convulsions
- death
- destruction of red blood cells
- depression
- diarrhea
- difficulty concentrating
- disorientation
- dizziness
- ear aches
- eczema
- emotional upsets
- fatigue
- fetal asphyxiation [SIDS, perhaps?]
- flu-like or cold like illness
- UTI
- gastritis
- gastrointestinal inflammation
- headaches
- hyperactivity
- hypo-menstrual syndrome
- immune system sensitizer
- impaired (short) attention span
- inability to recall words and names
- inconsistent IQ profiles
- asthma
- irritability
- jaundice
- retarded speech pattern
- schizophrenic-type symptoms
- sensitivity to sound

Vaccine proponents will claim that the amount of formaldehyde (formalin), in vaccines is so small that it has no adverse health effects. Most studies on the toxicity of formalin have been done on inhaled and ingested exposure. Most toxicity comes from environmental sources like particle board, plywood and other building materials, cigarette smoke, e-cigarettes, automobile exhaust, some synthetic fabrics (i.e. polyester), permanent press fabrics including bedsheets, flame retardant chemicals and some personal care products.

The issue is that while even very small levels are a bi-product of some biochemical reactions in the body, in processes that are corrected by the body, there have been no studies on injecting it into a newborn or passed through the placenta to the fetus. **Both the flu and Tdap Vaccines recommended and given to pregnant women contain formaldehyde**, as do many other vaccines given to both children and adults.

- Benzethonium Chloride-
  (Source: vaxtruth.org)- (referred to as "BC") is an anti-microbial agent used as a preservative in some vaccines. There has been no testing done on humans to find out information regarding the injection of BC into the blood stream. I have been searching for over a year with no luck in finding any such information. What has been documented about BC under the MSDS (Material Safety Data Sheet) under section 11 is that it is **toxic when inhaled or ingested and is also hazardous to human skin**. Based on animal testing, it may **cause mutations in genetic information** and also be **carcinogenic** (cause cancer).

  The known side effects of ingesting BC are (according to its Material Safety Data Sheet):

  - Seizures
  - Coma
  - Respiratory depression
  - Central Nervous System Depression
  - Convulsions
  - Coma
  - Urinary system reaction

- Beta-Propiolactone-
  According to ***Wikipedia***, Beta-Propiolactone is made industrially by the reaction of formaldehyde and ketene. Beta-Propiolactone is an excellent sterilizing and sporicidal agent, but **its carcinogenicity** precludes that use. β-Propiolactone is "reasonably anticipated to be a human carcinogen" (*International Agency for Research on Cancer…*IARC, 1999). **It is one of 13 "OSHA-regulated carcinogens,"** chemicals regarded occupational carcinogens by the Occupational Safety and Health Administration *(OSHA)*, despite not having an established permissible exposure limit. https://en.wikipedia.org/wiki/Beta-Propiolactone

  **Classified as a potential human carcinogen** on the ***Occupational Safety and Health Guideline*** found on the CDC's website https://www.cdc.gov/niosh/docs/81-123/pdfs/0528.pdf . **Summary of toxicology:** *Effects on animals:* In rats, acute oral administration or intraperitoneal injection of beta-propiolactone caused muscular spasms, respiratory difficulty, convulsions, and death. Acute intravenous injection caused kidney tubule and liver damage.

  According to the ***National Toxicology Program, Department of Health and Human Services*** Subcutaneous injection of β-propiolactone caused cancer at the injection site in mice of unspecified sex (fibrosarcoma, adenocarcinoma, and squamous-cell carcinoma) and in rats of both sexes (sarcoma), (IARC 1974). In nursing mice, **a single intraperitoneal injection** of β-propiolactone **caused lymphoma in both sexes and liver tumors** (hepatocellular tumors) **in males**.

  Beta Propiolactone is a "polyester" and highly carcinogenic according to *Stanislaw Penczek, Stanislaw Slomkowski, in* **Comprehensive Polymer Science and Supplements***, 1989, chapter 50 titled,* **Some Properties of Polyesters,** "**β-Propiolactone has been found to be highly carcinogenic, and is banned from any practical use**, although its polymer might have been an

interesting product for the plastic and fiber industry." In other words, if it wasn't for its highly carcinogenic properties, it may have been useful as a polyester fiber in the textile industry.

Amazingly, beta-propiolactone is still found in the Afluria Influenza Vaccine (Trivalent and Quadrivalent versions).
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

- Glutaraldehyde-
  (source: vaxtruth.org)- is an organic compound that is used to disinfect medical and dental equipment. In vaccines, it is used as a chemical preservative. Vaxtruth.org

  There have been several studies done on Glutaraldehyde and it has been found that exposure to it can cause:

  - Asthma
  - Allergic reactions (up to 10% of up people can be allergic to Glutaraldehyde.)
  - Induced respiratory issues
  - diarrhea

  Sources: "Glutaraldehyde-induced and formaldehyde-induced allergic contact dermatitis" SCOTT M. RAVIS, M.D., MATTHEW P. SHAFFER, M.D., CHRISTY L. SHAFFER, M.D., SEENA DEHKHAGHANI, M.D. and DONALD V. BELSITO, M.D**.;** "Glutaraldehyde-induced asthma." Quirce S, Gómez M, Bombín C, Sastre J. 1999 Oct;54(10):1121-2.; Genetic toxicity and carcinogenicity studies of glutaraldehyde–a review. Zeiger E, Gollapudi B, Spencer P. Mutat Res. 2005 Mar;589(2):136-51; Divergent immunological responses following glutaraldehyde exposure. Azadi S, Klink KJ, Meade BJ. Toxicol Appl Pharmacol. 2004 May 15;197(1):1-8.

- Phenol- AKA Carbolic Acid. This one is a BOMB shell-
  **It is a known mutagen, (meaning it causes cells to mutate), a teratogen (meaning causes birth defects), and fetotoxic (or toxic to the fetus)**. According to the Material Safety Data Sheet (MSDS) on Phenol, "Special Remarks on Chronic Effects on Humans: Animal: **passes through the placental barrier**. **May cause adverse reproductive effects and birth defects (teratogenic). Embryotoxic and/or foetotoxic in animal (The definition of foetotoxic or fetotoxic is "Poisonous to the fetus"). May affect genetic material (mutagenic)….The substance may be toxic to kidneys, liver, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage**".

  In addition to all that, according to the EPA cited in a CDC document: "Phenol is also considered to be an **extremely** hazardous substance (EPA 2006i)…."Designated as a **toxic pollutant** in accordance with Section 307(a)(1) of the Federal Water Pollution Control Act"
  https://www.atsdr.cdc.gov/toxprofiles/tp115-c8.pdf

  **Yet, with all that damning evidence on phenol, the CDC recommends vaccines containing Phenol for pregnant women.**

**I'm going to take some literary license on this and take extra time to make a very important point, because it has to do with careless exposure of unborn babies to this very toxic chemical. Most of these other compounds are discussed in more detail in other sections of this manuscript, but I felt compelled to linger here on this one a little longer.**

**This list of recommended vaccines during pregnancy comes from the CDC website at** https://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html

Routine Vaccines:

- Hepatitis A
- Hepatitis B
- ~~Human Papillomavirus (HPV)~~
- Influenza (inactivated)
- ~~Influenza (LAIV)~~
- ~~Measles, Mumps, Rubella (MMR)~~
- Meningococcal (MenACWY or MPSV4)
- Meningococcal (MenB)
- Pneumococcal Conjugate (PCV13)
- Pneumococcal Polysaccharide (PPSV23)
- Polio (IPV)
- Tetanus, Diphtheria, and Pertussis (Tdap); & Tetanus and Diphtheria (Td)
- ~~Varicella~~
- ~~Zoster~~

**The only ones that are specifically contraindicated (NOT recommended) in the list above, are the HPV, Live Influenza Nasal (LAIV), MMR, Varicella (Chickenpox) and Zoster (Shingles)- (The red strikethroughs I have added)**

**The pneumococcal Polysaccharide (PPSV23) listed above contains phenol according to page 3 of the latest Vaccine Excipient list…**
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

**Yes, phenol is an ingredient in the PPSV23 Pneumococcal vaccine allowed for pregnant women.** The CDC website says that there is inadequate data for specific recommendation. In other words, it isn't outright recommended, yet not contraindicated. This leaves doctors the latitude to make the decision whether to give it or not. This is a very precarious position for doctors that don't know what's in it (probably 99% of them). **Phenol which the Material Safety Data Sheet (MSDS) says crosses the placental barrier into the fetus. The same phenol that the MSDS says is "poisonous" to the fetus and has the capacity to cause birth defects!** When concocting these vaccines, don't they ever consider looking into this stuff? Because if they know this, the vaccine manufacturer should red flag this vaccine as contraindicated during pregnancy, or certainly the FDA or the CDC should have if they haven't. Where is the governmental oversight designed to protect the consumer?

**This is by no means an exhaustive review of all of the potential interactions that could occur between ingredients co-mingling in the human body from a variety of combinations of vaccines.**

## Well, it's long overdue! I am calling on the scientific community to an exhaustive review of just that.

Not only that, but **the Pneumovax PPSV23 package insert states the following:**

**"Tell your doctor if:**
• you are pregnant or intend to become pregnant. It is **not known** whether the vaccine is harmful to an unborn baby when given to a pregnant woman. *(What?)* Your doctor will give you PNEUMOVAX 23 only if it is clearly needed.
• you are breast-feeding. It is **not known** whether PNEUMOVAX 23 passes into breast milk. Your doctor will discuss the possible risks and benefits of you being given PNEUMOVAX 23 while breast-feeding."

**Women are often given multiple vaccines during pregnancy. Some of those vaccines contain ingredients that are incompatible or cross-react with ingredients in the other vaccines.**

The MSDS also states that **phenol "is incompatible" with formaldehyde**. **Pregnant women are also recommended to receive the Tdap (see above), both versions which contains formaldehyde. The Fluarix, Fluzone Quadrivalent and High Dose, and Flulaval vaccines contains formaldehyde. If a woman is given the PPSV23 vaccine along with any of these others a cross reaction between phenol and formaldehyde could occur. Another vaccine contains both phenol and formaldehyde in the same shot, is the Typhoid vaccine given to people all over the world. (CDC chart says inadequate data regarding pregnancy).**

**The MSDS also says that phenol is incompatible with metals and metal alloys. As stated earlier, the flu shot is recommended to pregnant women. The multi-dose version of Fluzone Quadrivalent flu vaccine contains Thimerosal, (mercury, a heavy metal). The Tdap, which is recommended during pregnancy contains aluminum.**

**The various versions of the Meningococcal and Hepatitis A & B vaccines contain formaldehyde, aluminum and mercury.**

**There needs to be more scrutiny of the possible cross-reactions and interactions of the various vaccine components contained in vaccines that are given together.**

### Endocrine Disrupting Chemicals (NPEs and OPEs)- Also see section on page 444

- Nonylphenol Ethoxylate (NPEs)-
  According to the EPA' s website, NPEs are nonionic surfactants that are used in a wide variety of industrial applications and consumer products. Many of these, such as laundry detergents, are "down-the-drain" applications. Some others, such as dust-control agents and deicers, lead to direct release to the environment. NPEs, though less toxic and persistent than NP, are also **highly toxic to aquatic organisms**, and, in the environment, degrade into NP. NP has also been shown to **exhibit estrogenic properties** in in vitro and in vivo assays. **Nonylphenol is also neurotoxic**. https://www.ncbi.nlm.nih.gov/pubmed/23334477

- Octylphenol ethoxylate (OPEs) and Octoxynol-10; AKA Triton X-100-
  Closely related to Nonylphenol Ethoxylate. OPEs act as a detergent and are widely used in cleaning agents. They are also added to paints, coatings, treatments for textiles and chemicals

used in paper manufacture. According to Wikipedia, Triton X-100 is widely used to lyse cells to extract protein or organelles, or to permeabilize the membranes of living cells.

- Cetyltrimethylammonium bromide-
  According to the Material Safety Data Sheet at http://datasheets.scbt.com/sc-278833.pdf , "there is some evidence that human exposure to the material **may result in developmental toxicity**…."

  **Toxic Effects on Humans:**
  **"May cause adverse reproductive effects and birth defects (teratogenic) based on animal test data."** http://www.sciencelab.com/msds.php?msdsId=9923367

  **"The substance may be toxic to liver, cardiovascular system, central nervous system (CNS)".**

  **"CONSIDERED A HAZARDOUS SUBSTANCE** ACCORDING TO OSHA 29 CFR 1910. This material and its container must be disposed of as hazardous waste".

  **The Fluad Influenza vaccine contains this compound, which as we just read may result in developmental toxicity, adverse reproductive effects and birth defects. In addition, Fluad contains to 2 antibiotics that are not supposed to be given with pregnancy (Neomycin and Kanamycin *see next section), formaldehyde and polysorbate 80. Flu vaccines are recommended for all pregnant women. Frightening isn't it?**

**The following four antibiotics are found in several flu vaccines and are contraindicated (not recommended), for pregnant women or nursing mothers. Yet, the CDC recommends the flu vaccine for all pregnant women. They are also not established to be safe in children under the age of 18. More details on these on pages 267-270, along with the references.**

- Neomycin sulfate-
  Same family of antibiotics as Gentamycin Sulfate and Kanamycin called **aminoglycosides**

  According to the warning label, **"Aminoglycosides can cause fetal harm when administered to pregnant women. Aminoglycoside antibiotics cross the placenta and there have been several reports of total, irreversible, bilateral congenital deafness in children whose mothers received streptomycin during pregnancy**."

  **Neomycin Sulfate is found in the following vaccines**:
  - **Influenza (Afluria)Trivalent & Quadrivalent**
  - **Influenza (Fluad)**
  - **Influenza (Fluvirin)**

- Gentamicin Sulfate-
  Same family of antibiotics as Neomycin and Kanamycin called **aminoglycosides**. It is found in the **Influenza (Fluarix) Trivalent & Quadrivalent vaccine**. **The warning label states "This medication is not recommended for use during pregnancy."**

- Kanamycin-
  Same family of antibiotics as Neomycin and Gentamicin Sulfate called **aminoglycosides.** The **Influenza (Fluad) vaccine contains both Kanamycin and Neomycin Sulfate**. Again, like in the case of the other aminoglycosides, they are **contraindicated for pregnant and nursing mothers or children**.

- Polymyxin B-
  An antibiotic. The warning label on PubMed Health says it can cause kidney and nerve problems and diarrhea. **This same document**, https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011783/?report=details#side_effects **states that this antibiotic should not be taken with neomycin, one of the other antibiotics just discussed. Yet, the Fluvirin brand of influenza (Flu) vaccine has BOTH of these antibiotics in it!** Refer to the CDC's Vaccine Excipient and Media Summary and look under Influenza (Fluvirin). https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

  WARNING LABEL:
  "**THE CONCURRENT OR SEQUENTIAL USE OF OTHER NEUROTOXIC AND/OR NEPHROTOXIC DRUGS** WITH POLYMYXIN B (polymyxin b sulfate) SULFATE, PARTICULARLY BACITRACIN, STREPTOMYCIN, **NEOMYCIN**, **KANAMYCIN**, **GENTAMICIN**, TOBRAMYCIN, AMIKACIN, CEPHALORI-DINE, PAROMOMYCIN, VIOMYCIN, AND COLISTIN **SHOULD BE AVOIDED**."

  **Note that it calls Neomycin, Kanamycin and Gentamicin neurotoxic (nerve damaging) and nephrotoxic (kidney damaging)!!!**

  **"WARNING**

  **CAUTION:** WHEN THIS DRUG IS GIVEN **INTRAMUSCULARLY** AND/OR INTRATHECALLY, IT SHOULD BE GIVEN **ONLY TO HOSPITALIZED PATIENTS, SO AS TO PROVIDE CONSTANT SUPERVISION BY A PHYSICIAN."** (when it is injected as part of a vaccine, **that is intramuscular injection**). If that doesn't make your skin crawl, I don't know what would!

- Monosodium Glutamate or MSG-
  **MSG is a neuroexcitatory agent** that upregulates the NMDA receptors in the brain. This **can lead to damage of the brain cells.** MSG and other neuroexcitatory agents are the topic of one of the best books I have read on the subject by the prominent Neurosurgeon Russell Blaylock M.D., ***Excitotoxins- The Taste That Kills…*** https://www.amazon.com/Excitotoxins-Taste-Russell-L-Blaylock/dp/0929173147

- Squalene-

Squalene is **an oil-based adjuvant** used in certain vaccines. It has been implicated as a possible causative factor in ***Gulf War Syndrome*** **and in batches of the H1N1 flu vaccine that has been linked to the autoimmune condition narcolepsy**. **Much more on both of those later.**

Squalene is found in the human body and manufactured in the liver. It is a precursor to cholesterol and thus to sex steroid hormones. It has been reported to have numerous health benefits similar to omega-3 fatty acids. Just like with other fats, these essential fats make up the cell membranes of our body's tissues. The richest source of squalene is in shark liver oil. Vegetarian sources include olive, amaranth, palm, wheat germ and rice bran oils. It is used in many cosmetics aa a prized ingredient for healthy skin. **Squalene in and of itself is not dangerous, BUT when it is injected, the body's immune system over-reacts (which is why they put it in the vaccine in the first place), and produces antibodies that attack all the other squalene in the body, including in places where it can be beneficial like your nervous system and other organs and tissues.**

In a 2000 study published in the ***American Journal of Pathology***, titled, **The Endogenous Adjuvant Squalene Can Induce a Chronic T-Cell-Mediated Arthritis in Rats,** they injected squalene into arthritis prone rats caused them to develop rheumatoid arthritis. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1850095/ .

A similar issue was also identified in this 1999 study, published in the **Scandinavian Journal of Immunology** titled, **Identification of Arthritogenic Adjuvants of Self and Foreign Origin.** https://onlinelibrary.wiley.com/doi/epdf/10.1046/j.1365-3083.1999.00463.x

One has to wonder why it has been continued to be used for the past 20 years, after the ability of **injected squalene to trigger inflammatory and autoimmune reactions in the body has been well known?** It also begs the question, where else in the body can this compound when injected, trigger other autoimmune diseases in persons that may be genetically susceptible to that particular disease? As you will see in this eBook, just because you have the genes for something, it doesn't mean you are doomed to develop it. This is the concept of **epigenetics**, which we will explore more later.

- Acetone-
  Acetone is a solvent. The MSDS contains the following warnings: "**Causes damage to the following organs: central nervous system (CNS) characterized by depression, fatigue, excitement, stupor, coma, headache, altered sleep time, ataxia, tremors**.

  **May cause damage to the following organs: kidneys, the reproductive system, liver, skin. May contain trace amounts of benzene and formaldehyde which may cancer and birth defects. Human: passes the placental barrier.**"

  Acetone is found in the Adenovirus vaccine, which is currently only available to the military.

- Sodium Borate (Borax)-
  **Found in the following vaccines:**
  - Hep A (Vaqta)
  - Hib/Hep B (Comvax)- *also contains aluminum - Comvax was discontinued in 2014
  - HPV (Gardasil)
  - HPV (Gardasil 9)

  Sodium Borate is a common **ingredient found in rat poison, pesticides, and various commercial applications** such as flame retardants, enamel glazes, and laundry detergent. **The FDA has outlawed Sodium Borate from use as a food preservative in the U.S.** http://www.rightinginjustice.com/news/2012/03/28/is-borax-responsible-for-gardasils-adverse-side-effects/

  According to one source, the ***U.S. National Library of Medicine*** states in an article that boric acid is "no longer commonly used in medical preparations." It's a good thing, too, considering that the U.S. National Library of Medicine also reports that this substance used to be used to disinfect and treat wounds and that individuals "who received such treatment over and over again got sick, and some died." In fact, the U.S. National Library of Medicine provides the number for Poison Control for people exposed to this chemical and notes that treatment for those exposed to it may include gastric lavage (stomach pumping), dialysis, and liquids by mouth or IV. http://www.offtheradar.co.nz/vaccines/104-rat-poison-chemical-in-gardasil.html

  Because of reproductive and developmental toxicity concerns, borax was added to the European Union's (EU) **Substance of Very High Concern** (SVHC) candidate list in December 2010. The SVHC candidate list is part of the EU Regulations on the Registration, Evaluation, Authorization and Restriction of Chemicals 2006, and the addition was based on the revised classification of borax **as toxic for reproduction** category 1B under the Classification, Labeling and Packaging Regulations. **Substances and mixtures imported into the EU which contain borax are now required to be labeled with the warnings 'May damage fertility' and 'May damage the unborn child'**. Riederer A, Caravanos J. Borax–Summary of Health Human Risks Associated with Borax in Artisanal and Small-Scale Gold Mining. *Global Alliance on Health and Pollution* Apr. 1, 2013.

  Based on that information, vaccines with sodium borate should never be given to pregnant women, yet one of the Hepatitis A vaccines (Vaqta) has it in it. Hepatitis A is recommended to women under certain circumstances during pregnancy. Another vaccine containing sodium borate, is the HPV vaccine Gardasil 9.

  Yet, according to the ***Immunization Action Coalition*** an organization funded in part by the CDC as published in their vaccinations for Prgnant Women flier…."You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6–12 months apart. If you need to get or continue the HepA vaccine series, it's safe to do so during pregnancy." "Technical content reviewed by the Centers for Disease Control and Prevention" http://www.immunize.org/catg.d/p4040.pdf

- VERO Cells-
  These are cell lines from the African Green Monkey kidney cultures. Vaccines such as the Smallpox vaccine using live Smallpox virus grown in the VERO cells have a laundry list of serious potential side effects. ***The following is from the Smallpox Vaccine package insert*** and can be found on the FDA's web site at https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142572.pdf :

  "Suspected cases of myocarditis and/or pericarditis have been observed in healthy adult primary vaccinees (**at an approximate rate of 5.7 per 1000**, 95% CI: 1.9-13.3) receiving ACAM2000 [see Warnings and Precautions (5.1)]. Encephalitis, encephalomyelitis, encephalopathy, progressive vaccinia, generalized vaccinia, severe vaccinial skin infections, erythema multiforme major (including STEVENS-JOHNSON SYNDROME), eczema vaccinatum resulting in permanent sequelae or death, ocular complications, blindness, and fetal death have occurred following either primary vaccination or revaccination with live vaccinia virus smallpox vaccines [see Warnings and Precautions (5)]. These risks are increased in vaccinees with the following conditions and may result in severe disability, permanent neurological sequelae and/or death: Cardiac disease or a history of cardiac disease Eye disease treated with topical steroids, Congenital or acquired immune deficiency disorders, including those taking immunosuppressive medications Eczema and persons with a history of eczema or other acute or chronic exfoliative skin conditions Infants less than 12 months of age Pregnancy

  **ACAM2000 is a live vaccinia virus that can be transmitted to persons who have close contact with the vaccinee and the risks in contacts are the same as those for the vaccinee. The risk for experiencing serious vaccination complications must be weighed against the risks for experiencing a potentially fatal smallpox infection**."

  This 2018 study also verifies this danger of myocarditis following smallpox vaccination. The study published in the ***British Medical Journal Case reports*** titled, **Myocarditis secondary to smallpox vaccination** confirms the associated risk with the smallpox vaccine. https://www.ncbi.nlm.nih.gov/pubmed/29572367

  **From the Abstract:**
  "…vaccines are not without risk; reactions can range from injection site reactions to life-threatening anaphylaxis. Among the more serious vaccine-related sequela is myocarditis. Although myocarditis has been reported following many different vaccines, the smallpox vaccine has the strongest association."

  "Vaccine-associated myocarditis should always be on the differential for patients that exhibit cardiopulmonary symptoms after recent vaccinations."

# More on the use of aborted fetal cell lines and the DNA fragments from those cells found in vaccines

First of all, why is this important? It boils down to religious, moral, ethical and personal beliefs about abortion, sale of aborted baby parts for profit, freedom to choose what I put in my or my child's body and the question of **what happens when the DNA of one human being is inserted into the DNA of another human being**. The short answer to that last question is, **WE DON'T KNOW!** Are any of those concerns important to you? That is why I will now devote a larger section to this topic.

The WI-38 cell line was developed by Dr. Leonard Hayflick in 1962, by taking lung tissue from an aborted baby. The WI comes from Wistar Institute and the 38 is the number of aborted babies used until they found the "perfect" cell line for their purposes.

The MRC-5 cell line was developed for the Medical Research Council in England by J.P. Jacobs in 1966 from lung tissue of an aborted baby. These are vaccines that contain human DNA and aborted fetal tissue from these cell lines: Adenovirus, DTaP, hepatitis A, hepatitis B, MMR, MMRV, rabies, varicella (Chickenpox) and zoster (Shingles).

The HEK-293 is used for research *(and vaccines)*. This cell line originated from a legally aborted fetus in the Netherlands in 1973. The tissue came from the baby's kidneys, hence Human Embryonic Kidney (HEK). The lab culturing the cells was Alex van der Eb's laboratory. Frank Graham was the scientist running the experiments refining the cell culture process. The 293 was incorporated in the name because it was produced from his 293rd experiment. https://en.wikipedia.org/wiki/HEK_293_cells Current vaccines that contain DNA from this cell line are for Cystic Fibrosis, Ebola, Heart (Abciximab-Repro), Hemophilia, Infection prevention (G-CSF). It is also used in other products. According to Creative Biolabs, at least five therapeutic agents produced in HEK293 cells have been approved by the FDA or the European Medicines Agency (EMA) for therapeutic use.

The PER.C6 cell line is a line that is not only being used in vaccine production, but in many other medicines and more in production. http://www.gmp-creativebiolabs.com/per-c6-cell-lines_74.htm It was developed in 1995. These are quotes from GMP-Creative Biolabs web site…

"The PER.C6 cell line is derived from human embryonic retinal cells, originally from the retinal tissue of an 18 week old fetus aborted in 1985 and further developed and prepared as cell line by transfection with defined E1 region of the adenovirus type 5 followed by selection for transfectants with an immortal phenotype. At the beginning, this cell line was mainly applied for the production of human adenovirus vectors for use in vaccine development and gene therapy, and further optimization makes PER.C6 become a superexcellent host cell line for large-scale industrial production of therapeutic proteins, especially the human IgG."

"The PER.C6 cell line is a superduper and commercial available manufacturing system that can be used to produce a variety of biopharmaceutical products, including vaccines, gene therapy products,

antibodies and other therapeutic proteins. Up to now, more than fourteen biopharmaceutical products utilizing the PER.C6 cell line are in Phase I/II clinical trials, for example, the MOR103 mAb, a human IgG antibody against granulocyte macrophage colony-stimulating factor in clinical development for the treatment of rheumatoid arthritis and multiple sclerosis; another example is CL184, a combination of two monoclonal antibodies (mAbs) against the rabies virus, which has been granted FDA fast-track approval status. Furthermore, mostly PER.C6-based vaccines against tuberculosis, malaria and HIV are also currently in clinical trials."

According to LifeCanada.org, "It is being used in the development of numerous new vaccines against "influenza A, influenza B, 'avian flu', tuberculosis, respiratory syncytial virus, HIV, anthrax and various encephalopathic viruses." (34) In 2002, PER.C6 was also "launched into commercial production of fully human monoclonal antibodies" (Mabs), totally unrelated to vaccine production. Mabs are currently used in a broad array of cancer therapies, chronic autoimmune inflammatory diseases such as rheumatoid arthritis and ulcerative colitis, and have potential for use in treating infectious diseases, SARS, rabies and others. While Mabs currently in use were not developed using human cell strains, and animal strains have worked well, various biotech companies are aggressively pursuing Mab development using human strains such as PER.C6. In addition, gene therapy is being developed using PER.C6."

The walvax-2 cell line is the most recent development of human fetal cell lines from an aborted baby. In a 2015 article titled Characteristics and viral propagation properties of a new human diploid cell line, walvax-2, and its suitability as a candidate cell substrate for vaccine production. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4526020/#cit0007 It is thought that the walvax-2 cell line will eventually take the place of the MRC-5 and the WI-38 lines as they lose the ability to self-replicate.

There were 9 aborted fetuses "vying" for the one that produced the best cell line to make vaccines from. The cells eventually used, came from lung tissue of a 3-month-old female aborted baby in China. **The method they used to deliver the fetus was the "water bag" method which was done so as to deliver the baby intact, so as to provide the freshest and most viable tissue samples possible**. "The tissues from the freshly aborted fetuses were immediately sent to the laboratory for the preparation of the cells."

According to ethicalresearch.net, there was "**Questionable complicity between the doctors who performed the abortion and vaccine researchers who benefited from obtaining freshly aborted fetal lung fibroblast tissue.** Ethicists have universally insisted that, in the development of viral vaccines from aborted fetal tissue, there should be no collusion between the woman who has decided to abort her baby (and, by extension, the doctors doing the abortion) and the researchers. The mother must have made her decision to abort before she is asked whether she wants to donate fetal tissue for research purposes. It appears this was done in the Walvax-2 research."

"By extension, the involved physicians performing the abortion should not deviate from the normal method of aborting the fetus (in the case of a three-month fetus, a D&C) just so they might provide "optimal fetal tissue" for the vaccine researchers. But this is what the doctors did in aborting the 3-month old female fetus whose tissue eventually proved to produce the best diploid cell strain out of the batch of 9 aborted fetuses for the Walvax-2 cell substrate. They employed a special means of induction

(the water bag method) so they or someone they delegated, could deliver to Bo Ma et al intact fetal cadavers with fresh organs which would facilitate, in turn, the ready harvest of the needed fetal fibroblast lung tissue from which they developed the human diploid cell strain conducive to the growth of the respective viruses (rabies, hepatitis-A and varicella [chicken-pox]).” . http://ethicalresearch.net/positions/the-ethics-of-the-walvax-2-cell-strain/

The question of whether a fetus is a human life or not has created polarizing battles in our nation. To take it to the next level, this methodology brings into question a whole other moral and ethical dilemma as to whether a fetus should be terminated (killed) inside or outside the womb. Does it suffer more if killed before being delivered alive or not. A very morbid thought, but a real world one that I’m sure many reading this have never considered. Personally, I can’t imagine being the person performing that “procedure”. To witness and experience the pain, suffering and aftermath of the baby that you are killing, without conscious or self-remorse is beyond me.

## Other aborted fetal cell lines are used for vaccines and medical/scientific purposes

From http://www.lifecanada.org/vaccines/vaccines-fetal-tissue-qa - “Numerous other cell strains have been made as back-ups for the current strains, and for research. Two of the most commonly known stains are:

**MRC-9** (Medical Research Council cell strain 9) was derived from the lungs of a female fetus aborted in 1974 and developed by Jacobs and colleagues for research and as a back-up for vaccine manufacture.

**IMR-90** (Institute for Medical Research cell strain 90) was derived from the lungs of a sixteen-week old female fetus aborted in July 1975. IMR-90 is designated for “research and related activities.”

## How can fetal cells from as far back as 1962 still be available for use today?

To answer that let’s take a look at LifeCanada.org’s website- Vaccines and Fetal Tissue Q&As discussing the WI-38 cell line. http://www.lifecanada.org/vaccines/vaccines-fetal-tissue-qa

“Tissue was taken from the lungs, kidneys, skin, muscles, heart, liver, thymus, and thyroid of 19 electively-aborted fetuses. Batches of cells taken from these tissues were incubated in a labratory setting. After a cell batch had multiplied sufficiently to form a mass big enough to harvest, the mass was divided up into smaller batches, and incubated again. After about 50 'cell population doublings,' the cells divided more slowly and deteriorated. Although cell strains have a finite life-span, by freezing excess cells at each sub-cultivation, one could have cells available at any given time in almost limitless numbers. The frozen cells can be thawed, sub-cultivated repeatedly, and the excess from each of these sub-cultivations can, in turn, be frozen and later thawed for use. **This pattern can be repeated until the total potential yield of about 20 million metric tons of cells (wet weight) is reached**.” ***WOW!***

More on MRC-5, DNA, MRC-5 Cellular Protein, Human Serum Albumin-
All of these derive from either human tissue or human blood. (Source for the following is vaxtruth.org)

MRC-5, MRC-5 Cellular Protein**-** In the 1970's, a second human cell line was created from an infant boy at 14 weeks gestation and became known as MRC-5. To explain MRC-5, let's look at a brief history before MRC-5 came about. In 1964, during an outbreak of Rubella, some doctors urged women who had been exposed to the Rubella virus to abort their pregnancy. (Why? Rubella is an extremely mild virus [see: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002541/ ]. Most people don't show any symptoms, especially children, some may get a rash all over their body. Rubella becomes dangerous when a pregnant woman is exposed to the virus because it has the potential to cause severe abnormalities in the child.) From one of these aborted children that had been exposed to Rubella Virus, doctors developed a virus strain that became known as RA/27/3 — Rubella; Abortus; 27th aborted fetus; 3rd tissue explant. **In other words, it took 26 aborted infants to get the right strain. The virus was then cultivated on the lung tissue of another aborted child, and this child became known as WI-38 — Winster Institute 38)**. WI -38 was an infant girl at 3 months gestation. What makes this seem somewhat ridiculous is that the Japanese, years before the first aborted infant was used to extract the Rubella virus, proved that the virus can be taken from a *living* child simply by swabbing their throat.

**WI-38 and MRC-5 have become the most used cell lines to make vaccinations**. Labs currently use these 2 cell lines, as well as new sources *(i.e. Walvax-2)* to create new vaccines.

The use of tissue from aborted infants has caused heated debate because **it is ethically questionable.** Pro-life groups, which include many churches and parents whose morals condemn profiting from aborted infants, continue to fight the pharmaceutical companies to produce vaccines that do not contain this tissue. And the thing is, it's possible. Vaccines *can* be made from other sources.

Investigative videos released in 2015 by ***the Center for Medical Progress*** exposed Planned Parenthood and their practice of harvesting body parts from aborted babies for profit. Even though the aborted fetuses, whose cell line is still used to produce vaccines are from decades ago, the videos exposing Planned Parenthood's marketing of aborted baby organs and tissue brings the whole ethical question front and center. http://www.centerformedicalprogress.org/cmp/investigative-footage/

DNA- DNA is harvested from the aborted fetuses cell lines. It is used as adjuvant in vaccines. In vaccines, **100,000,000 bits and strands of human DNA are allowed per dose**. Again, we encounter the issue of the ethical dilemma. Not only that, but **many scientists believe that these DNA strands and the genetic code that they carry, can be incorporated to the person's own DNA**. More about those concerns later in this document.

Human Serum Albumin**-** Human Serum Albumin is a stabilizing protein made from human blood donated by screened donors. We already discussed above why injecting a protein directly into the body is dangerous.

**With that aside, let's look at the points we reach regarding these 4 different ingredients:**
**We have human DNA, human cell lines from aborted infants, and protein from human blood in 23 of our vaccines**. **When we need a blood transfusion, or a blood donation of some kind, what is**

**absolutely required? A match, correct? For example, if a person with type O blood receives type A+ blood, the outcome is fatal. There are rules of science that cannot be crossed regarding DNA and blood**. It is imperative to be tested when receiving any type of tissue or blood to ensure that a fatal blood or tissue type isn't put into your body. So, may I ask: **How many of you or your children were given a blood test before receiving vaccinations?** We all know the answer to that. It doesn't happen. The outcome to mixing and NOT matching human blood and tissue with other humans can be virtually disastrous. **Remember that every one of those 4 ingredients have human DNA in them. Even after the protein is extracted from human blood, DNA remains.**

## As MMR vaccine compliance rates dropped, so did rates of autism. As MMR compliance rates increased again, so did rates of autism- a natural experiment

A 2015 article published in ***Issues in Law and Medicine*** titled, **Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence**, reveals that when Dr. Andrew Wakefield identified gastrointestinal pathological changes in children that reacted to the MMR vaccine and **many parents pulled back from having their children vaccinated with MMR, there was a corresponding temporary drop in rates of diagnosed Autism Spectrum Disorder for those children that fell within those birth years. And as interestingly, when the rates of MMR compliance once again recovered, the rates of Autism increased proportionately**. The article also reveals the contribution to and risk of foreign human fetal DNA contamination into DNA of vaccine recipients, the relationship with Autism and the associated health risks involved.
https://www.ncbi.nlm.nih.gov/pubmed/26103708

**You can read the truth about the underserved vilification of Dr. Wakefield in the section titled,* ***Persecution of Doctors That Don't Toe the Line*** *later in this document*

**I feel that the full abstract warrants inclusion here due to the relevant information contained:**

**OBJECTIVES:**
To assess the public health consequences of fetal cell line manufactured vaccines that contain residual human fetal DNA fragments **utilizing laboratory and ecological approaches including statistics, molecular biology and genomics.**

**METHOD:**
**MMR coverage and autism disorder or autism spectrum disorder prevalence data for Norway, Sweden and the UK were obtained from public and government websites as well as peer reviewed published articles. Biologically, the size and quantity of the contaminating fetal DNA in Meruvax II and Havrix as well as the propensity of various cell lines for cellular and nuclear uptake of primitive human DNA fragments were measured and quantified using gel electrophoresis, fluorescence microscopy and fluorometry. Lastly, genomic analysis identified the specific sites where fetal DNA fragment integration into a child's genome is most likely to occur.**

**RESULTS:**
**The average MMR coverage for the three countries fell below 90% after Dr. Wakefield's infamous 1998 publication but started to recover slowly after 2001 until reaching over 90% coverage again by 2004. During the same time period, the average autism spectrum disorder prevalence in the United Kingdom, Norway and Sweden dropped substantially after birth year 1998 and gradually increased again after birth year 2000**. Average single stranded DNA and double stranded DNA in Meruvax II were 142.05 ng/vial and 35.00 ng/vial, respectively, and 276.00 ng/vial and 35.74 ng/vial in Havrix respectively. **The size of the fetal DNA fragments in Meruvax II was approximately 215 base pairs. There was spontaneous cellular and nuclear DNA uptake in HFF1 and NCCIT cells. Genes that have been linked to autism (autism associated genes; AAGs) have a more concentrated susceptibility for insults to genomic stability in comparison to the group of all genes contained within the human genome.** Of the X chromosome AAGs, 15 of 19 have double strand break motifs less than 100 kilobases away from the center of a meiotic recombination hotspot located within an exon.

**CONCLUSION:**
**Vaccines manufactured in human fetal cell lines contain unacceptably high levels of fetal DNA fragment contaminants. The human genome naturally contains regions that are susceptible to double strand break formation and DNA insertional mutagenesis. The "Wakefield Scare" created a natural experiment that may demonstrate a causal relationship between fetal cell-line manufactured vaccines and ASD prevalence.**

Read more on fetal cell lines and their probable involvement in the continuing rise in the percentage of children with autism, after the autism statistics section.

## When the vaccine inserts don't list all of the ingredients that the CDC lists, how do you know who to believe?

**From the package insert found on the FDA's website dated December 26, 2017:**

**"What are the ingredients in Fluzone Quadrivalent Southern Hemisphere vaccine?** Fluzone Quadrivalent Southern Hemisphere vaccine contains 4 killed flu virus strains."

**"Inactive ingredients include** formaldehyde and octylphenol ethoxylate. The preservative thimerosal is only in the multi-dose vial of Fluzone Quadrivalent Southern Hemisphere vaccine."
https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm112854.htm

**The CDC website lists the following ingredients** *(bolded items are not disclosed on the package insert):* formaldehyde, **egg protein**, octylphenol ethoxylate (Triton X-100), **sodium phosphate-buffered isotonic sodium chloride solution**, thimerosal (multi-dose vials), **sucrose**

# It's what is in vaccines that aren't even supposed to be there that is another huge cause for concern

## A 2017 study using sophisticated technology, finds toxic compounds not listed in the ingredients lists of 44 different vaccines

A 2017 article published in the ***International Journal of Vaccines and Vaccination*** titled, **New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination**, **reveals a shocking conglomeration of NON-biocompatable particulates and foreign bodies in randomly selected batches of 43 different human vaccines** and one veterinary vaccine. Ironically, the veterinarian vaccine checked out to be cleaner than all of the human vaccines. **This essentially means that all of the human vaccines are "dirty", containing unintended particulates and aggregates of metals and foreign matter, most likely from the manufacturing process**. http://medcraveonline.com/IJVV/IJVV-04-00072.php

The researchers used Field Emission Gun Environmental Electron Scanning Microscope, equipped with an X-ray microprobe. The study highlights pictures of the particulates and substances found.

"**all samples checked vaccines contain non biocompatible and bio-persistent foreign bodies** which are not declared by the Producers, against which the body reacts in any case."

**In addition to aluminum**, which is disclosed in some vaccines, **they found aluminum in some vaccines that don't list in in the ingredients list. Also discovered was lead, stainless steel, tungsten, silicon, gold, silver, nickel, iron, chromium, copper, zirconium, Hafnium, Strontium, Antimony, Platinum, Bismuth, Cerium, and aggregates of combinations of these metals and biological compounds the researchers called nano-bio-interactions, some with what they describe as having a "protein corona"**.

"Figure 5a-5f show examples of these nano-bio-interactions. Aggregates can be seen (stable composite entities) containing particles of Lead in Meningitec, (Figure 5a & 5b) of stainless steel (Iron, Chromium and Nickel, Figure 5c & 5d) and of Copper, Zinc and Lead in Cervarix (Figure 5e & 5f ). Similar aggregates, though in different situations (patients suffering from leukemia or cryoglobulinemia), have already been described in literature. **The link between these two entities generates an unfolding of the proteins that can induce an autoimmune effect once those proteins are injected into humans**."

"The investigations revealed that some particles are embedded in a biological substrate, probably proteins, endo-toxins and residues of bacteria. As soon as a particle comes in contact with proteic fluids, a nano-bio-interaction [6] occurs and a "protein corona" is formed. **The nano-bio-interaction generates a bigger-sized compound that is not biodegradable and can induce adverse effects, since it is not recognized as self by the body.**"

"(Figure 7a & 7b) present an area of Repevax **where the morphology of red cells - we cannot tell whether they are human or animal- is clearly visible**." ***What? Wow!***

**Ok, you have got to read this! It is the discussion by the researchers at the send of the study. It is worthy to print nearly the entire section.**

**Discussion:**

"The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us. The inorganic particles identified **are neither biocompatible nor biodegradable**, that means that they are **biopersistent and can induce effects** that can become evident either immediately close to injection time or after a certain time from administration. It is important to remember that particles (crystals and not molecules) **are bodies foreign to the organism and they behave as such**. More in particular, their toxicity is in some respects different from that of the chemical elements composing them, **adding to that toxicity** which, in any case, is still there, that typical of foreign bodies. For that reason, **they induce an inflammatory reaction**."

"After being injected, those microparticles, nanoparticles and aggregates can stay around the injection site forming swellings and granulomas. But **they can also be carried by the blood circulation, escaping any attempt to guess what will be their final destination.** We believe that in many cases they get distributed throughout the body without causing any visible reaction, but **it is also likely that, in some circumstances, they reach some organ, none excluded and including the microbiota, in a fair quantity**. As happens with all foreign bodies, particularly that small, **they induce an inflammatory reaction that is chronic** because most of those particles cannot be degraded. Furthermore, the protein-corona effect (due to a nano-bio-interaction) can produce organic/inorganic composite particles **capable of stimulating the immune system in an undesirable way**. **It is impossible not to add that particles the size often observed in vaccines can enter cell nuclei and interact with the DNA**." **WOW!**

"In some cases, e.g. as occurs with Iron and some Iron alloys, **they can corrode and the corrosion products exert a toxicity affecting the tissues**."

"The detection of presence of Aluminum and NaCl salts is obvious as they are substances used by the Producers and declared as components, but other materials are not supposed to be in the vaccine or in any other injectable drug, at that, and, in any case, **Aluminum has already been linked with neurological diseases**."

"Given the contaminations we observed **in all samples of human-use vaccines, adverse effects after the injection of those vaccines are possible and credible and have the character of randomness, since they depend on where the contaminants are carried by the blood circulation. It is only obvious that similar quantities of these foreign bodies can have a more serious impact on very small organisms like those of children.** Their presence in the muscles, due an extravasation from the blood, **could heavily impair the muscle functionality**."

"In any case, whatever their origin**, they should not be present in any injectable medicament, let alone in vaccines, more in particular those meant for infants**."

"Other forms of so-far unknown contaminations have recently been observed and, in any case, **vaccines contain components that could themselves be the cause of adverse effects**. **It is a well-known fact in toxicology that contaminants exert a mutual, synergic effect, and as the number of contaminants increases, the effects grow less and less predictable. The more so when some substances are unknown.**"

*All of that should frighten anyone reading this!*

The introduction of the article also has much to say **about the known side effects of vaccines**. Here is part of that discussion:

"**Side effects** have always been reported but in the latest years it seems that they **have increased in number and seriousness, particularly in children** as the ***American Academy of pediatrics*** reports [1,2]. "For instance, the diphtheria-tetanus-pertussis **(DTaP)** vaccine was linked to cases of **sudden infant death syndrome (SIDS)** [3]; ***(MMR)*** measles-mumps-rubella vaccine **with autism** [4,5]; **multiple immunizations** with **immune disorders** [6]; **hepatitis B** vaccines with **multiple sclerosis**, etc."

"**The notice of Tripedia DTaP by Sanofi Pasteur reports "Adverse events reported** during post-approval use of Tripedia vaccine **include idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, autism, convulsion/grand mal convulsion, encephalopathia, hypotonia, neuropathy, somnolence and apnea**". The epidemiological studies carried out did not show a clear evidence of those associations, even if in 2011 **the National Academy of Medicine (formerly, IOM) admitted: "Vaccines are not free from side effects, or adverse effects**" [7]."

"Specific researches on components of the vaccines like **adjuvants (in most instances, Aluminum salts**) are already indicated as possible responsible of **neurological symptoms** [8-10] and in some cases, in-vivo tests and epidemiological studies demonstrated a possible correlation with **neurological diseases** [10,11]. **Neurological damages** induced in patients under hemodialysis treated with water containing **Aluminum** are reported in literature [12]."

"Recently, with the worldwide-adopted vaccines against **Human Papillomavirus (HPV),** the debate was reawakened due to some adverse effects reported by some young subjects. Specific studies communicated the existence of **symptoms related to never-described-before syndromes developed after the vaccine was administered**. **For instance, Complex Regional Pain Syndrome (CRPS), Postural Orthostatic Tachycardia Syndrome (POTS), and Chronic Fatigue Syndrome (CFS) [13]. The side-effects that can arise within a relatively short time can be local or systemic**."

## New research finds that vaccines contain unknown contaminants AND may not have the very components that would generate virus specific antibodies as claimed

## An Italian scientific research firm Corvelva, finds shocking evidence of widespread contamination and false labeling of vaccine ingredients

Released in November of 2018, a report on the analysis of 7 vaccines finds that 5 of the 7 are "not compliant".

**According to the report:**

"The results are alarming, on 7 types of vaccines, as many as 5 do not conform to the guidelines for the quantity of biological material, DNA or foreign RNA of human or animal origin, or for the presence of genetic mutations of the antigens!!!"

***1.*** *Priorix Tetra, GlaxoSmithKline - NOT CONFORMING*
***2****. Infanrix hexa, GlaxoSmithKline - NOT CONFORMING*
***3.*** *Measles live vaccine B.P., Poonawalla Group - NOT CONFORMING*
***4.*** *PolioInfanrix, GlaxoSmithKline - NOT CONFORMING*
***5****. Vivotif, PaxVax - NOT CONFORMING*

**These results throw a shadow on the quality of the checks carried out by the controller's bodies.**

"We can not yet release the original documentation and communicate the names of the laboratories, that are internationally certified, because we are completing further investigations to understand other aspects that are decisive for safety and effectiveness. Vaccines such as Infanrix hexa and PolioInfanrix have the viral DNA of the poliovirus in quantities below the limits of detection of both standard instruments and the sensitivity of deep sequencing, this raises the following questions: is the antigen really present? those vaccines immunize? These questions and many others will be answered in the second line of our research."

"In Italy already in the coming days will be presented complaints to the competent authorities and we will keep you updated."

https://www.corvelva.it/it/speciali-corvelva/analisi/vaccingate-5-of-7-vaccines-analyzed-are-not-compliant.html

## Another analysis of the 6 in 1 vaccine Infanrix Hexa finds serious contaminants AND that it lacks the antigens it claims to have

**Infanrix Hexa**

A December 2018 release of the results of analysis of GalaxoSmithKline's Infanrix Hexa was truly a bombshell. This six in one vaccine is supposed to contain the following antigens: tetanus, diphtheria and pertussis toxoids; inactivated poliomyelitis viral strains 1-2-3; and hepatitis B surface antigen. Shockingly, Corvelva found NONE of these antigens in the vaccine, meaning, that NO antibodies to the intended antigens will be created.

**And it gets worse. In addition to no vaccine antigens, they found the following:**

- traces of 65 chemical cross-contaminants from other manufacturing lines;
- chemical toxins;
- unrecognizable macromolecules;
- various free bacterial peptides that are potential allergens and are capable of inducing autoimmune reactions.

**Some comments from their report:**

"We were expecting to find the three toxoids and the other antigens not modified by treatment with formaldehyde and glutaraldehyde, to separate the antigens from each other and to be digestible by the enzyme specific for proteins (trypsin). **We have found instead a real polymer, insoluble and indigestible, that we supposed to be the set of antigens chemically bound together (has to be defined if this is present as an aggregate of the individual antigens or a single macromolecule), on which we can find in literature partial information regarding the single antigens. This macromolecule could not be recognized in any way by the protein databases, and in fact it turned out to be a solid compound of an unknown chemical structure.**

Proteins solubility and their digestion (i.e. the capacity to divide them into small peptide fragments) are two typical proteins characteristics that not only makes it possible to study them through some specific analysis methods **but are also fundamental for the interaction with the immune system to create protective antibodies**, **because if the protein structure is heavily altered from the original one, the new antibodies result completely different from those that are able to attack the original antibodies causing illnesses.**

Since this polymer we have encountered, derived from the antigenic mix, is not only different for its spatial conformation but it's chemically different, so **we can state that we are not facing antigens similar to the original ones but in the form of a compound with an unknown and unpredictable toxicity and efficacy.**

**Not only vaccine antigens have been not detected, there were also 65 signs of chemical contaminants of which only 35% is known, there are among these various processing residues and cross-contaminations from other manufacturing lines, and their identification will be checked during the second level of the analytical study (i.e. with standard controls).**

**7 chemical toxins among these signals have also been identified, probably deriving from chemical contaminants of the manufacturing process or other manufacturing lines at the vaccine manufacturing site**; these toxins have a structure that could probably be partially derived from the formaldehyde, glutaraldehyde and cyanogen bromide reaction with other chemical contaminants in the vaccine. We'd like to point out that **the toxicity of many of these toxins have been confirmed and published in Pubchem or Toxnet** and **this poses important safety problems, issues and concerns.**

From the protein and peptide fraction study, various free peptides of bacterial origin have been obtained probably coming from the bacterial culture cells used for the antigen extraction. **Literature reports bacterial peptides as potential allergens 5 and also as capable of inducing autoimmune reactions 6 and these too put a safety issue that needs to be further clarified with the regulatory bodies.**

**Coming back to the two basic principles that have been our topic on this analysis path, we reaffirm what we have said in the recent interview on the scientific journal Nature: we are inquiring the vaccines efficacy and safety and we can't quite understand how it is possible to claim that this vaccine is even able to generate the 6 protective antibodies - reason why it is designed for - and furthermore to understand how this cluster made of 6 neurotoxic antigens bound together can be claimed as not toxic for newborns.**

**Infanrix Hexa hexavalent, as for the method we have commissioned, casts major doubts on both its effectiveness and on its safety…**

One thing is for sure: we will not stop to proceed."

https://www.corvelva.it/speciali-corvelva/analisi/vaccingate-initial-results-on-infanrix-hexa-chemical-composition.html

## Other vaccines tested including Gardasil, Merck's HPV vaccine were found to have similar shocking results

The next vaccines they tested yielded similar results. Another 6-in-1 vaccine Hexyon manufactured in a partnership between Sanofi Pasteur and Merck (MSD) and Gardasil 9 made by Merck.

The following quotes are from an article found on the web site ***Vaxxter*** titled, **Exposing Vaccine Contamination – More Results from Corvelva**

**Hexyon**-

"Hexyon is a six-in-one shot to vaccinate against diphtheria, tetanus and pertussis (DTaP), polio, hepatitis B and Haemophilus influenza b (Hib). It is called a six-in-one vaccine; however, 8 vaccine antigens are actually present because the polio vaccine has three antigens (three separate viruses). The vaccine, manufactured by a partnership between Sanofi Pasteur and MSD (Merck), was approved for use in 2013 in Western European Countries; simultaneously, it was approved for use in Eastern European countries under the brand name Hexacima. Here is the package insert."

**Gardasil 9-**

"Even though Gardasil is not mandatory in Italy, the vaccine has been associated with a large number of serious injuries and even death in countries around the world, including the US. Gardasil, the vaccine promoted to prevent cervical cancer and venereal warts associated with human papillomaviruses (HPV),

was approved for use in girls in 2006 and then approved for boys in 2009. The vaccine contained four antigens: HPV subtypes 6, 11, 16 and 18."

"In 2014, the FDA approved Gardasil 9 for use in girls. The following year, it was approved for boys and in 2018, approval was granted to give Gardasil 9 to individuals up to 45 years of age. The new formulation added five HPV subtypes to the mix – 31, 33, 45, 52 and 58 – and increased the amount of aluminum in each injection from 250mcg to 500mcg."

https://vaxxter.com/exposing-vaccine-contamination-more-results-from-corvelva/

**Corvelva's analysis of Gardasil 9 found:**

- Only 7 of 9 HPV antigens were present; subtypes 11 and 58 **were not detected.**
- **338 signals** of chemical contaminants were detected, of which **78% were unknown.**
- **10 chemical toxins**, thought to be cross-contaminants from manufacturing of other vaccine production lines.

## Results of Corvelva's analysis:

"Presence of adventitious genetic material in residual quantities. The following essential points can be summarized:

**Presence of adventitious genetic material as DNA:**

- **Bacteria: The percentage is significant: 54% of the total DNA**, the contamination can derive mainly from yeast culture, but also from contaminants in the laboratory; more blanks have been made to minimize the error due to environmental contamination, but we will have more accurate data when we make replicates with other laboratories. **The bacterial DNA could interact with the adjuvant aluminum and cause allergies, inflammation and autoimmunity. Data to be confirmed.**
- **Human and Mouse DNA: their origin is not known!** It may be that human DNA could instead be a cross-contamination from other cell lines used for the production of vaccines (it is a hypothesis). **These DNA could interact with the adjuvant aluminum and cause inflammatory and autoimmune reactions.**
- **Adventitious viruses:** fragment L1 of the HPV virus double strain DNA – comes from the antigen manufacturing process; **it is a contaminant because it poses safety problems as it is not degraded and remains in the macrophages linked to the adjuvant aluminum for a long time; its biological effect is not fully known but it can probably be integrated into the host DNA, stimulate inflammation through the production of proinflammatory cytokines and autoimmune reactions (see research by Prof. Lee).**
- **Phages:** they derive from the manufacturing process, **they are adventitious contaminants of unknown hazards. Can antibodies against phages interact with bacteria in the intestinal bacterial flora? Can they integrate into the bacterial flora?**

- **Molluscum contagiosum virus: it belongs to the family Poxviridae, subfamily Chordopoxvirinae, genus Molluscipoxvirus. The term pox contained in the name of these viruses comes from the vesicles (poxes) produced be the smallpox virus.**
- **Retrovirus: potentially integrated into DNA; they can cause neoplastic transformation and mutations of the host genome; they derive from the contamination of human and mouse DNA, such as possible cross-contamination with other cell lines.**
    - **Mouse leukemia virus.**
    - **Human endogenous retrovirus K.**

**Adventitious genetic material present as RNA:**

- **Bacteria**: the transcripts indicate that the bacteria are present and active during the manufacturing process.
- **Synthetic constructs (artificial sequences):** they may derive from the antigen production process by genetic recombination with the plasmid; **they are potentially able to recombine with human DNA; the link with the adjuvant aluminum can extend and enhance the biological effect (inflammation and autoimmunity).**
- **Yeast and its viruses** (L-BC virus and narnavirus): **yeast RNA can give rise to allergenic proteins** (which can bind to adjuvant aluminum), while viruses are not known for effects on human cells and microbiota.
- **Infectious equine anemia virus and mouse leukemia virus: (the latter) is present both as DNA and RNA and therefore it's a complete virus). These viruses derive from the contamination of raw materials and must not be present."**

On one hand this news is shocking, but on the other hand, it isn't. With zero accountability or oversight for the production, quality or damage caused by vaccines, the manufacturers have no motivation to produce safer and more effective products. They are making HUGE amounts of money with no liability.

## Assumption #2b- There is no connection between the MMR vaccine, mercury or aluminum and autism (or any other type of neurological or behavioral condition affecting children for that matter)

Although this assumption addresses the MMR vaccine specifically, this eBook will refute that claim and not just for the MMR vaccine's contribution, but also with the ever-expanding vaccine schedule and the dangerous levels of aluminum and other suspects being injected into our children.

The school bus parody video mentioned earlier also made this untrue statement … "there is zero evidence that vaccines cause autism or mental disorders of any kind."

### THAT IS DEAD WRONG!!! Read on and see for the EVIDENCE for yourself….

The sad truth is, that this is the same message that is conveyed through the media, doctors and the pharmaceutical industry.

**So let's take a detailed look at what we have come to know as Autism, or Autism Spectrum Disorder (ASD)**

# AUTISM

## Here is a wide range of autism facts and statistics

**Bear in mind that the autism spectrum disorders are not the only conditions that are implicated. Numerous other neurological, immunological, learning and behavioral conditions will be covered later in this document. Autism gets the most press, so we will start there.**

Before we even discuss the relationship of vaccination and autism, I think it **is vital to present some statistics about autism spectrum disorder (ASD).** Aside from the obvious suffering and tragedy that autistic individuals and families experience, I think it is important to establish the extreme gravity of what is happening and the rate that it is accelerating.

### When was autism first recognized?

According to the testimony of Mark Blaxill, Board Member of ***SafeMinds*** before the ***Committee on Oversight and Government Reform, US House of Representatives*** on November 29, 2012, the childhood behavioral spectrum we now call autism was non-existent prior to 1935.
https://oversight.house.gov/wp-content/uploads/2012/11/Blaxill-Testimony-Bio-TnT.pdf

**From his testimony:**
"In 1935, John Hopkins professor named Leo Kanner wrote the world's first textbook on Child Psychiatry *(actually called **Child Psychiatry** and was the first English language textbook for child psychiatry)*. In 527 pages and 43 chapters, Kanner described every psychiatric condition in children know to medicine at the time. There was no condition remotely resembling autism."

According to the Wikipedia article on him, **Kanner is known as the "father of child psychiatry.**" Kanner was the first physician in the United States to be identified as a child psychiatrist.
https://en.wikipedia.org/wiki/Leo_Kanner

"In 1938, Oliver and Mary Triplett left Mississippi with their five year old son Donald to visit Kanner, by then considered the world's leading authority on children's development. When Kanner met Donald he was fascinated. He had never seen a child like him."

"In 1943, Kanner wrote a paper *(titled **Autistic Disturbances of Affective Contact**)*, inspired by Donald. "Since 1938," he wrote, "there have come to our attention a number of children *(eleven to be exact),* whose condition differs so markedly and uniquely from anything reported so far, that each case merits-and, I hope, will eventually receive-a detailed consideration of its fascinating peculiarities.""

"The oldest child of the eleven described was born in 1931. Kanner subsequently diagnosed hundreds of children with autism, but never found a case born before 1930. The historical record is clear: before 1930, the rate of autism was effectively zero."

Even as the recognition of autism grew over the years, many believe that **the rate of autism before 1960 was in the neighborhood of one in ten-thousand (1:10,000).**

**Fast forward to today…**

**These facts are from the Autism Society's website** http://www.autism-society.org/what-is/facts-and-statistics/ **.**

- About 1 percent of the world population has autism spectrum disorder. (CDC, 2014)
- More than 3.5 million Americans live with an autism spectrum disorder. (Buescher et al., 2014)
- **Prevalence of autism in U.S. children increased well over 100 percent from the year 2000 (1 in 150) to 1 in 59 according to CDC's 2014 ADDM statistics).** https://www.cdc.gov/ncbddd/autism/data.html **The CDC's NHIS Report November 2015 cited a 1 in 45 autism rate for the year 2014).**
- Autism is the fastest-growing developmental disability. (CDC, 2008)
- **Prevalence has increased by 6-15 percent each year from 2002 to 2010.** (Based on biennial numbers from the CDC)
- **Autism services cost U.S. citizens $236-262 billion annually**. (Buescher et al., 2014)
- A majority of costs in the U.S. are in adult services – $175-196 billion, compared to $61-66 billion for children. (Buescher et al., 2014)
- Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention. (Autism. 2007 Sep;11(5):453-63; The economic consequences of autistic spectrum disorder among children in a Swedish municipality. Järbrink K1.)
- 1 percent of the adult population of the United Kingdom has autism spectrum disorder. (Brugha T.S. et al., 2011)
- **Children and adolescents with ASD had average medical expenditures that exceeded those without ASD by $4,110–$6,200 per year. On average, medical expenditures for children and adolescents with ASD were 4.1–6.2 times greater than for those without ASD.** https://www.cdc.gov/ncbddd/autism/data.html
- **In 2005, the average annual medical costs for Medicaid-enrolled children with ASD were $10,709 per child, which was about six times higher than costs for children without ASD** ($1,812). https://www.cdc.gov/ncbddd/autism/data.html

- Over and above medical costs, the cost of intensive behavioral interventions for children with ASD **cost $40,000 to $60,000 per child per year**. https://www.cdc.gov/ncbddd/autism/data.html
- **The U.S. cost of autism over the lifespan is about $2.4 million for a person with an intellectual disability, or $1.4 million for a person without intellectual disability**. (Buescher et al., 2014)
- 35 percent of young adults (ages 19-23) with autism have not had a job or received postgraduate education after leaving high school. (Shattuck et al., 2012)
- It costs more than $8,600 extra per year to educate a student with autism. (Lavelle et al., 2014) (The average cost of educating a student is about $12,000 – NCES, 2014)
- **It is estimated that the lifetime cost of raising a child with autism is somewhere between $3 and $5 million**. https://tacanowblog.com/2015/07/30/the-annual-cost-of-autism-continues-to-soar/

**Diagnosis** (from CDC https://www.cdc.gov/ncbddd/autism/data.html )

- Research has shown that a diagnosis of autism at age 2 can be reliable, valid, and stable.
- Even though ASD can be diagnosed as early as age 2 years, most children are not diagnosed with ASD until after age 4 years. The median age of first diagnosis by subtype is as follows.
    - Autistic disorder: 3 years, 10 months
    - ASD/pervasive developmental disorder (PDD): 4 years, 8 months
    - Asperger disorder: 5 years, 7 months
- Studies have shown that parents of children with ASD notice a developmental problem before their child's first birthday. Concerns about vision and hearing were more often reported in the first year, and differences in social, communication, and fine motor skills were evident from 6 months of age.

# Autism Statistics from various reporting agencies show the growth of autism is reaching epidemic proportions

## The CDC is involved with 3 different monitoring systems which use different methods for gathering data

The consensus is that looking at all three statistical methods will give a more complete overview of the prevalence and demographics of autism. Keep this is mind as you look at the different findings of studies and reports in this document. This is one reason why you may see a discrepancy in the prevalence of autism in the same or nearly the same year reported by the different monitoring systems. Despite that variance, the sad reality is that all three are showing a steady and dramatic increase over the last 30 years that continues today.

**The 3 systems are:**

## The Autism and Developmental Disabilities Monitoring Network (ADDM) –

According to the CDC, "The Autism and Developmental Disabilities Monitoring (ADDM) Network is the only collaborative network to track the number and characteristics of children with autism spectrum disorder (ASD) in multiple communities in the United States." The report evaluates the prevalence of ASD in 8-year-olds and is released every 2 years. The most recent report from 2014 received data from 11 different sites in various parts of the country.

## The National Health Interview Survey (NHIS) –

Since 1997, this parent answered survey has included questions as to whether a child has ever been diagnosed with Autism Spectrum Disorder (ASD), Intellectual Disability (ID) and Developmental Delays (DD).

## National Survey of Children's Health (NSCH) –

This is a survey covering all 5o states and the District of Columbia. It is taken via telephone and covers- Physical and emotional health; factors that may relate to well-being of children, including medical home, family interactions, parental health, school experiences, and safe neighborhoods. It was taken in 2003, 2007, 2011-12 and annually since 2016. Apparently, according to the ChildHealthData.org website, the method of sampling, data collection and wording of questions changed in 2016, therefore comparisons to previous years will not yield an accurate trend analysis.
http://childhealthdata.org/browse/compare-data-across-states/multiple-indicators

**View the 2016 "Hot-Spotting" table of all 50 states for the National Outcome Measures for different health related categories including Autism and ADD/ADHD here:**
http://childhealthdata.org/browse/compare-data-across-states/multiple-indicators/title-v-national-outcome-measures-nsch-2016

## A fourth method of data collection on autism is operated by the U.S. Department of Education. It comes under the Individuals with Disabilities Education Act (IDEA)

In this tracking system, children utilizing special needs are categorized by age, birth to age 2, children ages 3-5, students and children from 6-21 years of age.

According to the most recent report, the **39th Annual Report to Congress on the Implementation of the *Individuals with Disabilities Education Act*, 2017**, (citing up to 2015 data), there has been a steady increase in the number of children with autism served under these programs over the last 11 years.

- From 2004 to 2015, the percentage of the total U.S. population of children and young adults ages 6 to 21 served with autism, has risen from .2 percent to .7 percent.
- For 2015, the percentages of children ages 3-5 served within the IDEA system by disability category are as follows:
    - Speech or language impairment- 43.3%
    - Developmental delay- 37.4%
    - Other disabilities combined- 9.8%

- Autism- 9.5%

https://www2.ed.gov/about/reports/annual/osep/2017/parts-b-c/39th-arc-for-idea.pdf

## Historical prevalence and growth of autism rates with tables showing 2006 data on number of vaccine doses compared to infant mortality of 34 countries

According to a paper published by ***Generation Rescue*** in 2009, titled **AUTISM AND VACCINES AROUND THE WORLD: Vaccine Schedules, Autism Rates, and Under 5 Mortality**, **AUTISM PREVALENCE** in the United States has soared. In 1970, Treffert et. al. published the first known autism prevalence study in the United States, **Epidemiology of Infantile Autism**, with an autism prevalence rate of **less than 1 per 10,000**. In 1987, Burd et. al. published a study, **A prevalence study of pervasive developmental disorders in North Dakota**, showing an autism rate of **3.3 per 10,000**. In 2007, the ***Centers for Disease Control's Autism and Developmental Disabilities Monitoring Network*** released data showing that prevalence of autism had grown to **66 per 10,000 or 1 in 150, an increase of more than 6,000% from the 1970 study.** http://www.rescuepost.com/files/gr-autism_and_vaccines_world_special_report1.pdf

## Two different reporting systems come up with slightly different data. Both are alarming!

### As you will see from the CDC's 2014 ADDM Network statistics, the prevalence has increased to 1 in 59 births! https://www.cdc.gov/ncbddd/autism/data.html

While this report was released in 2018, it covers data from 2014. That on the surface seems an obvious observation, but what one needs to consider is that **with 4-year-old data and the rate of autism increasing by 10-20 percent per year, if the 2018 numbers could be released now, they would be much worse than the 2014 data.** With the 4 year report cycle, by the time we know today's 2018 autism prevalence, it will be 2022 and we will still be underappreciating the severe gravity of the current situation. My concern in bringing attention to this, is that **by giving the false impression that things aren't currently as bad as they really are, we may be complacent and not push as hard as we need to for answers and actions that will change the trajectory of this looming crisis.**

As you will read in a couple pages, in the CDC's December 18, 2009 issue of the MMWR Report, there was a report released by the CDC titled, **Prevalence of Autism Spectrum Disorders --- Autism and Developmental Disabilities Monitoring Network, United States, 2006**.
https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5810a1.htm

In the report it stated, "The average prevalence of ASDs identified among children aged 8 years **increased 57% in 10 sites from the 2002 to the 2006** ADDM surveillance year. **That represents an average of a 14.25 percent increase annually.**

Another chart from CDC data shows just how much **rates of autism have increased from 2000-2014**. The chart **shows an increase of 1 in 150 to 1 in 59 over that period of time, a 254 percent increase. That works out to an annual average of 18 percent**. https://www.cdc.gov/ncbddd/autism/data.html

If we take the more conservative estimation at 14.25 percent, that means **the increase in the prevalence of autism in these 4-year-old reports may be nearly 60 percent under-reported! At that rate, the 2018 stats may be closer to 1 in 25 or 30 children! And remember, that was the more conservative rate percentage increase. When are people going to demand a halt to everything that could be a possible cause and take a few steps back to re-evaluate EVERYTHING!!!!**

## According to CDCs National Health Statistics (NHIS) Report. November 13, 2015 for year ending 2014, 1 in 45 children born in the U.S. will develop autism

https://www.cdc.gov/nchs/data/nhsr/nhsr087.pdf

WOW! This is yet a slightly different estimation from one of those 3 CDC autism reporting systems showing an even more ominous result. Again, this **data was from 2014 and it is now 2018. I'm afraid to even ask, but If 1 in 45 was the number four years ago, what is the current number?!**

## As if that is not frightening enough, the CDC latest release, November 2017 of the prevalence of autism shows a shocking increase from 2014 to 2016!

### This is critical information to understand!

In what can only be described as shocking, because even though the trends in the increased prevalence of autism and developmental disability were trending upwards sharply for the last 3 decades, this last estimation even exceeds that devastating trajectory. This report compares the percent with these neurodevelopmental delays to the entire U.S. population between the ages of 6 and 21 years of age.

**From the NCHS Data Brief Report:**
From 2014 to 2016, the prevalence of children aged 3 to 17 with the following categories increased:

- Autism Spectrum Disorder changed from 2.24 to 2.76 percent ***(just over one half a percent)***
- Diagnosed with a developmental disability increased from 5.7 to 6.99 percent.
- Diagnosed with "Other developmental delay" increased from 3.57 to 4.55 percent.

Source: https://www.cdc.gov/nchs/data/databriefs/db291_table.pdf#1

Keep in mind that **this is only over a two-year period**, which represents a very significant increase in all categories. **The report tries to downplay the INCREASE in autism by saying that the rate "did not**

**change significantly". If a half a percent is not significant, then let's extrapolate it out over 10 years. That would be a 5 percent increase. This represents hundreds of thousands of additional cases. In 20 years, it would represent a 10 percent increase, representing millions of new cases.**

## What are the real numbers in lives impacted?

**The statisticians love to downplay small numbers because it trivializes the threat and "makes sense" to the average non-mathematics/statistics-oriented person. To put things into perspective, according to the last U.S. Census of 2010, the number of children in the U.S. between the ages of 3-17 was approximately 64 million (that's 64,000,000). One percent of 64,000,000 is 640,000. One half of one percent is therefore 320,000. Now let's look at that "non-significant" number in the increase of autism and the ramifications of that over that two-year period from 2014 to 2016. The increase was *just over* one half of one percent in that 2-year period. The real cost in human lives devastated by autism, is somewhere in the neighborhood of 330,000 additional cases! Not to mention, typically each child has two parents. That's another 660,000 individual's lives, that were deeply impacted by having a child develop ASD. To drive home the point, that is 990,000 (nearly a million) people in just a two-year period whose lives have been changed forever! This is NOT trivial!**

**Now back to the 20-year 10 percent increase in the numbers, based on that "non-significant amount". If one percent of that 68,000,000 is 680,000, then 10 percent is 6,800,000! Yes, that is 6.8 MILLION NEW CASES OF AUTISM! And that is not even accounting for population growth!**

**To make matters even worse, the numbers I am citing are year 2010 population statistics,** https://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf **. In the 8 years since 2010, the 3 to 17-year-old population has increased. How much exactly we don't know for sure, but the 2020 census will tell us more accurately. And with the rate of autism steadily increasing, the 2020 numbers promise to shake any person with an intellect and a conscious to the core.**

**To put an exclamation point on these shocking numbers, we are only dealing with the INCREASE in the two-year period. The 2016 estimated percentage of the age 3-17 population with autism was 2.76 percent. That means that ONE MILLION SEVEN HUNDRED THOUSAND, FOUR HUNDRED (1,700,400), CHILDREN BETWEEN THE AGES OF 3 AND 17 HAD EVER BEEN DIAGNOSED WITH AUTISM IN 2016! That was 330,000 more cases than in 2014. Some estimates put the current percentage of children in the U.S. with autism at 3 percent. With a modest increase in the population of 3 to 17-year-olds by 2018 from the 2010 number to 66,000,000, 3 percent represents approximately 2 MILLION CASES of AUTISM in 3 to 17-year-olds!**

**Now go ahead and consider the even larger percentage increases of "other" developmental delays of nearly 1 percent up to 4.55 percent and developmental disabilities increased 1.3 percent up to 7 percent. The number of developmental disabilities in the 3 to 17-year-old population is 4,480,000. The number of 3 to 17-year-olds classified with other developmental delays numbers approximately 2,912,000.**

## Absolutely staggering statistics on autism and developmental problems

**So, what are the 2016 totals of just those 3 categories of neurobehavioral disorders in 3 to 17-year-olds?**

- **Autism- 1,700,400**
- **Developmental Disabilities- 4,480,000**
- **Other Developmental Delays- 2,912,000**

**The Total = 9,092,400 or 14.2 percent of the total number of 3 to 17-year-olds!**

### That is 1 in 7 children!

**Let that sink in a minute…**

**UPDATE:** The updated total number of individuals diagnosed with ASD in the U.S. as of the end of 2017 is 1,725,297 according to the ***Title V National Outcome Measure #17.3: Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder.*** Look at the increase from 2016 to 2017. It represents an additional 24,897 children added!

***We MUST demand that the government and independent academic and scientific groups undergo extensive INDEPENDENT AND UNBIASED research to find out what is happening to our children!***

# At the currently increasing rates of prevalence the outcome by 2032 will be devastating, with an estimated 1 in 2 children being autistic!

According to the National Health Statistics Reports, (Number 87, November 13, 2015), **1 in 45 children ages 3-17 have autism…** https://www.cdc.gov/nchs/data/nhsr/nhsr087.pdf **Consider that approximately 4 times as many boys as girls have autism, the number of boys diagnosed is much higher than that**. These rates are up from 1 in 150 in the year 2000. This information was gathered in the form of a survey called the **2014 National Health Interview Survey**. **The survey also looked at Developmental Delays and Intellectual Disability. It found the prevalence of autism was 2.24% which was a significant increase from the 2011-2013 data of a 1.25% prevalence.** The researchers believe that a portion of that increase was due to the fact that in previous years, "some parents of children diagnosed with ASD reported this developmental disability as other Developmental Delay (DD) instead of, or in addition to, ASD."

According to government statistics, in 2015, close to 4 million children were born in the U.S. That means that approximately 89,000 of those children will develop an Autism Spectrum Disorder. Due to the trajectory of the steepening curve, **some estimates are that by the year 2032, 1 in 2 boys born in the U.S. will suffer from ASD.** Therefore, these already frightening numbers stand to increase exponentially! **If that bears out and 5 million children are born in 2032, and 51 percent of live births are boys** (http://www.pnas.org/content/112/16/E2102 ), **that would mean that of 2,550,000 boys born, 1,275,000 will develop autism! That is 14X more boys developing autism annually than are currently suffering this life-long disability.** Add the girls that will develop autism and you would add around 283,000 more, bringing **the total number to 1,558,000 children.** The **current** annual costs at $250 billion, will grow to massive proportions! **This is catastrophic!!**

**Also, it is important to consider that these statistics do not cover many other developmental, neurological (like ADHD) and immunological effects (like allergies, asthma and autoimmune disorders) that are now being associated with vaccine injury in the scientific literature. Just think about the cumulative effect personally and economically of the dramatic rise in prevalence of all of these conditions!**

The increased rates of autism may be in part due to changing diagnostic criteria and a recognition of milder versions of ASD, but **the data between 2007 and 2012 shows a 72% increase** which cannot be solely attributed to those factors. **That's an annual increase of 14.4 percent**. It's clear that the incidence of autism continues to increase. https://www.cdc.gov/nchs/data/nhsr/nhsr065.pdf

## 2019 study from JAMA Pediatrics acknowledges the rising rates of autism and identifies significant variations between different states

A 2019 study from JAMA Pediatrics titled, **Prevalence and Treatment Patterns of Autism Spectrum Disorder in the United States, 2016**, identifies various trends in rates of autism and treatment prevalence. **It considered 43,032 children ages 3-17**. https://www.ncbi.nlm.nih.gov/pubmed/30508021

**From the abstract:**
"Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder. Previous surveys have reported a steady increase in ASD prevalence in US children over the past decades."

"This study showed that the prevalence of ASD in the United States was relatively high, and it varied substantially across US states."

**Let's do some math….**

The state-level prevalence of **ever-diagnosed ASD** varied from 1.54% in Texas to 4.88% in Florida. What strikes me about that, is the Florida rates at 4.88% (call it 5%) means that nearly 1 in 20 children have been diagnosed with autism! Since boys are diagnosed at a rate that is approximately 4 times that of girls, that would suggest that as many as 1 in 12.5 boys have been diagnosed as on the spectrum!

Here's how I got there so you can check my math…

- 1 in 20 diagnosed (DX), with ASD, is **equal to 5 in 100** (total boys and girls, so assuming 50 boys + 50 girls).
- Rates of autism are typically **4X greater in boys** than girls. So, **of those 5 out of a hundred, 4 would be boys.** (That is why I want to focus on the boy's numbers)
- If 50 of those 100 children are boys and 50 are girls, then **4 out of the 50 boys are DX with ASD** and 1 out of 50 girls are DX with ASD.
- **4 out of every 50 boys is equal to 1 out of every 12.5 boys! That is catastrophic!**

So according to the statements in the article, the acknowledgement apparently exists by JAMA Pediatrics, that there has been a precipitous rise in the rate of autism over the past decades. They even report that 1 in 13 boys in Florida are autistic. Then one has to ask the question. Why is no one at JAMA Pediatrics asking the question….WHY? I would think there would be a desperate search for answers! The quest to find the source would-be front-page news! But all we hear is crickets. So, then I must ask the question. Is it because they really don't want to know?

## See a map comparing the prevalence of autism from all 50 states compared to the US average based on the National Survey of Children's Health (NSCH)

The numbers on the map represent the percentage of those children whose parents answered the question as to whether their child had EVER been diagnosed with autism.
http://childhealthdata.org/browse/rankings/maps?s=152

***One note of caution.** When looking at the results of these surveys, they often ask two different questions. One is, has your child EVER been diagnosed with autism? The other is, is your child currently diagnosed as having autism? The "ever" question garnishes a higher percentage of affirmative response. So, when looking at data representing a percentage of children with autism, that should be taken into consideration. Polling can skew results one way or the other depending on what the organization doing the polling wants the outcome to be, or who they want it to favor.

## Aside from autism, developmental disabilities of various forms are epidemic

**According to the CDC, "Recent estimates in the United States show that about one in six, or about 15%, of children aged 3 through 17 years have one or more developmental disabilities."**
(Trends in the Prevalence of Developmental Disabilities in US Children, 1997–2008. Pediatrics. 2011; 27: 1034-1042). https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html

Not only that, but their statement suggests the scope of the problem and that they usually suffer from them the rest of their life. "Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions **begin during the developmental period**, may impact day-to-day functioning, **and usually last throughout a person's lifetime**."

This statement from the CDC corroborates the section above in which I laid out the numbers of children ages 3 to 17 with autism and the 2 major categories of the developmental delays and disabilities **at 14.2 percent.**

The CDC's report released in November 2017 titled, **Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016** states, "During 2014–2016, the prevalence of children ever diagnosed with any developmental disability significantly increased, from 5.76% in 2014 to 6.99% in 2016." Now on the surface, that would appear like the stats are better 6.99%) than reported above in the 2011 report (approximately 15%), but consider this statement from the 2017 CDC report… "The prevalence of developmental disabilities described in this report is lower than findings described in previous reports using NHIS data (1). **This report uses a more restrictive definition for a developmental disability that does not include conditions such as attention-deficit/hyperactivity disorder or learning disabilities, which may account for differences in estimates**."
https://www.cdc.gov/nchs/products/databriefs/db291.htm

Well there you go. **One has to be very careful when looking at statistics on the surface. Changing diagnostic criteria or definitions can give the appearance that things are getting better or even getting worse.** Even where the samples are taken from can manipulate the data. For instance, **if the government sampled rates of autism from certain states where the prevalence is lower, it would not be representative of the average incidence nationally. It could be made to look as though the rates are not climbing as rapidly as they really are. Stay tuned. You will see more on this in this document.**

## Rates of autism keep going up and are being diagnosed at earlier ages

In the CDC's December 18, 2009 issue of the MMWR Report, there was an article titled, **Prevalence of Autism Spectrum Disorders --- Autism and Developmental Disabilities Monitoring Network, United States, 2006**. https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5810a1.htm

In that article they looked at 8-year-olds and considered the median age in months for which children were first diagnosed with ASD. The first study had data collected in 2002 and compared the results with those in a second study in 2006. It compared 10 sites in different states where this data was collected. **On average, the age at which ASD was initially diagnosed was 4.4 months earlier in 2006 than in 2002. That begs the question, is this due to the fact that ASD is being recognized at an earlier age, or are children developing it earlier in life.** The beginning of the 2009 MMWR Report says, "Autism spectrum disorders (ASDs) are a group of developmental disabilities characterized by atypical development in socialization, communication, and behavior. ASDs typically are apparent before age 3 years, with associated impairments affecting multiple areas of a person's life."

"**The average prevalence of ASDs identified among children aged 8 years increased 57% in 10 sites from the 2002 to the 2006 ADDM surveillance year**. Although improved ascertainment accounts for some of the prevalence increases documented in the ADDM sites, a true increase in the risk for children

to develop ASD symptoms cannot be ruled out. On average, although delays in identification persisted, ASDs were being diagnosed by community professionals at earlier ages in 2006 than in 2002."

**"These results indicate an increased prevalence of identified ASDs among U.S. children aged 8 years and underscore the need to regard ASDs as an urgent public health concern." Do you think? That was 2009, nearly 9 years ago. If the concern was URGENT nine years ago, don't you think more would have been done by now?**

## ADDM statistics called into question by the Editor-at-Large of Age of Autism

As bad as the autism statistics are, they may actually be much worse. **Mark Blaxill** is the Editor-at-Large at ***www.ageofautism.com*** . He wrote a scathing critique of the way he feels that the CDC manipulates statistics to make the autism epidemic look less catastrophic. He goes into great detail in his criticisms.

**Here are four of the things he questions:**

1. **They (the CDC), "officially" started tracking autism statistics in 1992 for comparison sakes, rather than a few years earlier**. The statistics from the example he uses from New Jersey, showed "that among children born 1988 or 1989, there were exactly ZERO cases of full syndrome autism; yet by the 1993 birth year the full syndrome rate had soared to 1 in 128." By comparing current statistics to 1992, they don't seem as dramatic as if they compared to the mid 1980's which some sources put at 1 in 5,000.
2. **They hide behind diagnostic criteria changes and don't control for their effect.** The criteria for diagnosing autism keeps changing. This could lead to the false appearance that the rates of autism are climbing at a slower rate than they really are.
3. The Autism Developmental Disabilities Monitoring (ADDM) system, a project of the CDC reports on the prevalence of autism in specified states every two years. **They keep including and eliminating certain states that they draw their statistics from. This leaves the appearance of a shell game, which could be a way of hiding data from the final outcome**. Essentially, they would cherry pick the states they want rather than staying with the same ones, which would give a more reliable comparison to previous years. See pages 5-8 of the report below for specific details.
4. **They suppress the evidence supporting the upward changes in autism rates.**

http://www.ageofautism.com/2010/01/mark-blaxill-lies-damned-lies-and-cdc-autism-statistics.html

## Another government agency, the *Office of Special Education and Rehabilitative Services U.S. Department of Education*, report statistics on autism growing at an alarming rate

In an online blog called ***autismpolicyblog.com***, John J. Pitney summarizes **the 37th Annual Report to Congress on the Implementation of the *Individuals with Disabilities Education Act (IDEA)*, 2015** as it pertains to the statistics on the increased rates of children throughout the country, including the District of Columbia and Puerto Rico, who were served under IDEA with autism between the 5-year period from

2008-2013. **Remarkably, 39 of 50 states had a greater than 50 percent increase and 2 states, Mississippi and Florida rates well-exceeded 100 percent, at 149.3 and 117.3 percent respectively.** http://www.autismpolicyblog.com/2016/02/idea-stats-huge-percentage-increases-in.html

## This chart shows that the rates of autism are growing at an increasing rate

This chart from ***CDC*** data shows just how much rates of autism have increased from 2000-2014. The chart **shows an increase of 1 in 150 to 1 in 59 over that period of time, a 254 percent increase**. That works out to an annual average of 18 percent. https://www.cdc.gov/ncbddd/autism/data.html
Other data from CDC: https://www.cdc.gov/ncbddd/developmentaldisabilities/features/birthdefects-dd-keyfindings.html#

While the diagnostic criteria have changed over the years, as has the awareness of autism and developmental delays, these alone do not come close to explaining why the incidence has skyrocketed to this extent in the last 50 years.

## The rate of autism for kindergarteners in California public schools jumped a whopping 17 percent in 2016

According to a report in the ***Sacramento Bee*** dated July 18, 2016, the state experienced an increase of 7 percent in the number of autistic children in the public schools, with the kindergarten level increasing by 17 percent. According to the writer Phillip Reese, the rates of autism in California Public Schools has risen 700 percent since 2001. https://www.sacbee.com/site-services/databases/article90300877.html

### So how does the rate of vaccination in California compare to the rest of the country?

According to the CDC's report titled, **Health, United States 2016**, the 2015 **national average** of vaccine coverage for the Combined 7 Vaccine Series* for 19-35 month-olds is 72.2%.
https://www.cdc.gov/nchs/data/hus/hus16.pdf#066

**The 7 Vaccine Series consists of:**

- 4 or more doses of the combination Diphtheria, Pertussis, Tetanus vaccines
- 3 or more doses of any Poliovirus vaccine
- 1 or more doses of a measles containing vaccine
- 3-4 or more doses of the HiB vaccine
- 3 or more doses of the Hep B vaccine
- 1 or more doses of the Varicella vaccine
- 4 or more doses of the Pneumococcal conjugate vaccine

According to a Washington Post article April 13, 2017, titled, **California vaccination rate hits new high after tougher immunization law**. According to the article, "State public health officials released data this

week that showed that **nearly 96 percent of this year's kindergartners have received all the required vaccines.** That's a nearly three-point increase over last year, health officials said."

The article indicates that the rate of immunization for children starting kindergarten for the prior school year of 2015-2016 school year, was 92.8 percent.

https://www.washingtonpost.com/news/to-your-health/wp/2017/04/13/california-vaccination-rate-hits-new-high-after-tougher-immunization-law/?utm_term=.431ce3ad7a64

Comparing that 92.8 percent vaccination coverage in California to the national average of 72.2 percent, makes one wonder if there is a correlation to the 17 percent rise in kindergarteners with autism reported on the previous page? I'm not saying it is the case, but it sure makes you wonder. California has one of the toughest mandatory vaccine laws in the country (SB277). The law was approved June 30, 2015 and enacted in 2016. The law mandates that children entering public school be fully up to date on all of their vaccinations. The law removes personal belief exemptions.

## List of states that the rate of autistic children being served in the IDEA system has exceeded 100% increase from 2008-2015

As reported in the **39th Annual Report to Congress on the Implementation of the *Individuals with Disabilities Education Act*, 2017**, the rates of children with autism in some states far exceeds others.

On page 137-138 0f the report, there is a list of states in alphabetical order showing the percentage of children served in the IDEA System in 2008 and 2015, the change **between 2008 and 2015 and the percentage of change. The average percentage increase across the country was 83 percent.**

**Here is a list of states with greater than a 100 percent increase from lowest to highest:**

Alaska- 102.8%
Nevada- 104.6%
Alabama- 106.8%
Texas- 107.9%
Oklahoma- 108.5%
New Hampshire- 109.3%
Virginia- 112.1%
Colorado- 113.3%
Kentucky- 115.9%
D.C.- 128.4%
New Mexico- 131.6%
South Carolina- 144.1%
Florida- 158.4%
Puerto Rico- 162.9%
Mississippi- 185.6%

BIE Schools- 203.7% (Bureau of Indian Education Schools)

### The S.E.E.D. project is an ongoing research effort by the CDC, to identify trends and factors that may be contributing to the epidemic of autism and developmental delays in our children

**S.E.E.D. stands for, Study to Explore Early Development** and is an ongoing effort to identify trends and factors in the increasing incidence of autism and developmental delays in children. Currently there are 6 states involved in the research, Colorado, Wisconsin, Missouri, Maryland, North Carolina and Georgia.

Since approximately 1 in 6 children suffer from developmental delays of various types and 1 in 45 develop autism, **this is a national crisis.** This is a complicated issue and much work needs to be done to understand all of the contributing factors, so that critical action steps can be taken to abort the disastrous consequences. **It is estimated that in the mid 70's only 1 child in 30 suffered from developmental delays and 1 child in 5,000 developed autism*** (*Source: Autism Speaks).
For more information on S.E.E.D.: https://www.cdc.gov/ncbddd/autism/seed.html

## U.S. and Canadian government statistics show rates of autism compared to vaccine coverage in 8-year-olds show strong correlation

**CDC MMWR Vaccination Coverage Among Children in Kindergarten — United States, 2011–12 School Year** https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6133a2.htm

Vaccines monitored were MMR, DTaP/DT, Polio, Hep B, Varicella (1 or 2 doses)

https://www.cdc.gov/mmwr/volumes/67/ss/ss6706a1.htm

https://www.cdc.gov/mmwr/volumes/67/ss/pdfs/ss6706a1-H.pdf

## Social services will be overwhelmed at the current rate of increases

### Report from the U.K. shows a dramatic increase in the numbers of individuals waiting for acceptance into special programs

Special education services are becoming increasingly strained and the budgets to support them will not be able to keep up in the future.

An article about parents suing the government over Special Educational Needs Funding (SEND), titled **'High Court told of 'genuine crisis' in special educational needs funding'**, contained the following:

"Jenni Richards QC, for the families, told the court during a hearing on Wednesday that there was "clear and incontrovertible evidence" of a "substantial national shortfall" in funding...**She said the figures showed there were 25,540 young people aged 16-25 in January 2015 with a statement or Education, Health and Care (EHC) plan, which had increased to 84,260 by January 2018**...Government lawyers said the increase in demand was recognised by the ministers and that Mr Hinds had "made it clear" that High Needs would be one of his priorities ahead of the 2019 Spending Review."
https://www.thecanary.co/uk/news/2019/06/26/high-court-told-of-genuine-c...

As reported June 26, 2019 in ***the Independent***, a British online news service, in an article by Elanor Busby titled, **Education is a right': Parents of children with special needs launch legal fight to get government to fund school places**

"Analysis from the National Education Union this week revealed that **more than 8,000 young people with SEND are awaiting provision for a school place**."
https://www.independent.co.uk/news/education/education-news/special-educational-needs-funding-cuts-high-court-government-children-parents-a8974876.html

**To contrast that 8,000 plus number** with the numbers of those waiting over the last 3 years, **John Stone the U.K. Editor for Age of Autism wrote the following in an editorial:**
"**Just two years ago I wrote in these columns about a rise of "1,710 in 2016 to 4,050 this year**." *(This year being 2017)*
'**The Writing is on the Wall'**, 19 July 2017, https://www.bmj.com/content/357/bmj.j2449/rr-16

My fear is that the rapid increases in funding needs for special education, social services and care for these aging autistic individuals, will eventually eclipse the growing numbers of the elderly with dementia and Alzheimer's Disease, conditions that by themselves are posed to put an unbearable strain economically on society in the next 30 years. What happens when the numbers of autistic children reach 1 in 4 or worse? What will happen as this tidal wave of individuals that can not care for themselves, exceed the lifespan of their parents? Who will take care of them? And, at what cost? Will we need to build large institutional hospitals to care for them as they live out the rest of their days? There will literally be millions to care for, so those hospitals had better be very large and very plentiful. These are real questions that we had better be asking ourselves if we are not going to first identify and then address the root causes of the problem. There needs to be an immediate and urgent effort to investigate the most probable causes for this catastrophic epidemic. And vaccines as suspect number one, should be the first place to start. **Because waiting, is literally NOT an option!**

## Who will take care of the ever-increasing numbers of autistic individuals that are unable to care for themselves, as their parents become elderly and pass away?

Imagine if our worst fears are realized and we do not get a grip on this run-away train of an epidemic that is speeding into the station. Are we destined to build hundreds of care facilities and hospitals to "store" these casualties of the autism epidemic where they can live out their lives? How will we pay for

that? These are very real and valid questions that no one seems to be asking! This is why it is so urgent to investigate ALL factors that could be associated with this tragedy.

**A foreshadowing of an example of the future challenges we will be facing-**

In an op-ed written to the British Medical Journal by John Stone, the U.K. Editor for ***The Age of Autism*** in response to and article written by Anthony Harwood titled, **Whorlton Hall: Advisers quit government review in protest at CQC's handling of abuse scandal** (365:doi **10.1136/bmj.l4368).**

"Sadly, Anthony Harwood's reportdoes not surprise me at all: supporting complex autism cases well and appropriately takes immense amounts of time, space and - above all - empathy. Ian Birrell wrote in the Mail on Sunday last October:

"Ministers have failed to meet pledges made after the 2011 Winterbourne View care abuse scandal to empty assessment and treatment units (ATUs) of people with learning disabilities by returning them to families and communities;

"Latest figures show that 2,375 people with learning disabilities are still stuck in these supposedly short-stay units;

"One man has been held an astonishing 18 years. His elderly parents say the experience has been a nightmare and that their son is very depressed, crying when their weekly visits end;

"The number of children in ATUs doubled over the past three years – yet powerless parents are routinely gagged by courts and some have been threatened with having homes seized if they speak out;"

"The NHS spends up to £13,000 a week per person kept in ATUs..."

"It remains a question how we are going to humanely cope as a nation as the autism rate heads beyond 3% in our schools, without Matthew Hancock's Department of Health and Social Care apparently showing the remotest curiosity about why this is happening. Apart from anything else if the correct resources are not made available in the first place you are likely to end up with even more costly and unsuitable answers."

## Fever, one of the most common adverse reactions to vaccines is a hallmark of regression into autism

There are numerous articles in this document that regard fever as one of the most common symptoms a child will experience post vaccination. In light of that, this next article should be cause for concern.

This article, published in the ***Journal of Child Neurology*** in 2010 and titled, **Fever plus mitochondrial disease could be risk factors for autistic regression**, describes fever as a risk factor for autistic regression in individuals who have a genetic mitochondrial defect or disease.
https://www.ncbi.nlm.nih.gov/pubmed/19773461

**From the article:**
"Because a variety of metabolic disorders, including mitochondrial disease show regression with fever, a retrospective chart review was performed and identified 28 patients who met diagnostic criteria for autistic spectrum disorders and mitochondrial disease. Autistic regression occurred in 60.7% (17 of 28), a statistically significant increase over the general autistic spectrum disorder population (P < .0001). Of the 17 individuals with autistic regression, **70.6% (12 of 17) regressed with fever** and 29.4% (5 of 17) regressed without identifiable linkage to fever or vaccinations. **None showed regression with vaccination unless a febrile response was present."**

**These conclusions lead one to draw a very strong correlation with fever post vaccination and autistic regression in susceptible children.** These concerns have led many experts to recommend fever control with medication when children are vaccinated. A very serious consideration however, is that as you will see in many of the articles I published in this document, the use of acetaminophen (i.e. as with Tylenol), is also strongly linked to autistic spectrum disorder (ASD). Acetaminophen blocks the body's production of glutathione, often called the master antioxidant and most potent detoxifier of the body. This obstruction of the body's ability to clear toxins and heavy metals, will put the child at greater risk of neurological damage. As you can see, all of these different variables can lead to a virtual minefield for genetically susceptible individuals. The more we understand and learn however, about these intricate interactions between genetics, medications and environmental toxicity, the closer we will come to solving this tragic loss of human potential.

## The MMRV vaccine has precautions not to give children the first dose under 4 years of age, because of the higher risk of fever and seizure than with the MMR and Varicella vaccines given separately, yet the Vaccine Information Statement form contradicts that

**From the CDC's Combination Vaccines parent flyer:**

**Recommendations for the MMRV Vaccine**

"The MMRV vaccine combines the MMR (for measles, mumps, and rubella) vaccine with the chickenpox vaccine."

"Some children who get the first MMRV shot at 12 through 23 months of age may have a higher chance of a seizure **caused by fever after the shot**. But, this is not common. These "febrile" seizures are scary for parents, but they are not harmful to children."

**"Because of this slightly higher risk of seizures, The Centers for Disease Control and Prevention recommend that children under 4 years old get the first dose of MMR and chickenpox vaccines separately."** Considering the concern that **fever** could be a trigger into regressive autism as discussed in the previous article, that is probably a very good idea.
https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/fs-combo-vac.pdf

**So, get this. The CDC page** https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmrv.html , **showing the Vaccine Information Statement for the MMRV (02-12-18) states the following:**

**MMRV Vaccine**

"MMRV vaccine **may be given** to children 12 months through 12 years of age. **Two doses are usually recommended:**

- First dose: 12 through 15 months of age
- Second dose: 4 through 6 years of age

**A third dose of MMR might be recommended** in certain mumps outbreak situations.
There are no known risks to getting MMRV vaccine at the same time as other vaccines.
Instead of MMRV, some children 12 months through 12 years of age might get 2 separate shots: **MMR** (measles, mumps and rubella) and **chickenpox** (varicella). MMRV is not licensed for people 13 years of age or older. There are separate Vaccine Information Statements for MMR and chickenpox vaccines. Your health care provider can give you more information."

**So the first CDC page cited says not to give MMR and V together, but then the Vaccine Information Statement makes it sound perfectly OK to do that. Confused yet? Well so am I.**

## A 2018 report in JAMA Pediatrics finds that parents that have children with autism, refuse some vaccines for their autistic child and their younger siblings

To me, this headline falls into the category of DUH! If you as a parent had a child develop, or regress into autism immediately or shortly after receiving a series of vaccines, wouldn't you be more than a little gun shy about taking them or your other children back in for more doses?

The report, **Vaccination Patterns in Children After Autism Spectrum Disorder Diagnosis and in Their Younger Siblings** published in ***JAMA Pediatrics***, looked at 3729 children with autism spectrum disorder and 592 907 children without autism spectrum disorder to identify trends in continued vaccine compliance after diagnosis with Autism Spectrum Disorder.
https://jamanetwork.com/journals/jamapediatrics/article-abstract/2676070

**From the article: "**Parents who had a child with ASD were more likely to refuse at least 1 recommended vaccine for that child's younger sibling and to limit the number of vaccines administered during the younger sibling's first year of life."

**The "conclusion and relevance" from the article: "**Children with ASD and their younger siblings were under-vaccinated compared with the general population. The results of this study suggest that children with ASD and their younger siblings are at increased risk of vaccine-preventable diseases."

At risk? Addressing that their children are "at risk" for vaccine-preventable diseases, when at least one of their children has, at least in the parent's minds already lost the purported odds risk against vaccine injury is kind of like saying, "I know that you have been struck by lightning once, but I still want you to go

out on the golf course in the middle of a thunderstorm carrying a 10-foot lighting rod." It shows a tone deafness that, is quite frankly hard to understand or even imagine.

## Comparing autism rates from different countries is difficult due to inconsistent diagnostic criteria, erroneous reporting and stigmas toward vaccine reactions and neurologically damaged children

The is a wide disparity between countries as it relates to diagnosing, tracking, managing and reporting statistics on vaccine adverse reactions, rates of neurological, immunological, developmental disabilities, behavioral and learning problems in children. Therefore, one must consider this when looking at these statistics from a 35,000-foot view.

An example is in Poland. Their statistics say that the rate of autism is 3 in 10,000 or approximately 1 in 3,333. https://www.focusforhealth.org/autism-rates-across-the-developed-world/

As compared to the U.S. rate of approximately 1 in 35, that is about 100 times lower. However, according to the European Forum for Vaccine Vigilance, "Poland considerably differs from the majority of European countries and Russia in such an important aspect of life as human rights. Human rights concern vaccination, too. Poland never ratified the European Bioethics Convention. There takes place a permeation of pharmaceutical business and public institutions and decisions about public health are taken by "cronies" – that's what sociologists say (Polish). In Poland there is no *Vaccine Injury Compensation Program* and *Adverse Events Following Immunisation (AEFI, vaccine Adverse Events)* are neither recognized nor reported as it happens in other European countries…. Censorship about the reality of vaccination is very hard and authoritarian here too."

In addition, with the full autism spectrum recognized in most countries, the milder forms are not identified and/or included in the statistical registries.

# MERCURY

## Scientific Evidence Supporting a Causal Relationship of mercury to autism

## Former Director of the *National Institutes of Health* expresses concerns over the vaccine and autism link in susceptible children

In this May 12th, 2008 ***CBS News*** interview of Bernadine Healy M.D., **the Former Director of the *National Institutes of Health (N.I.H.)***, Dr. Healy expresses the concern about **the lack of safety studies** and her belief that **more work needs to be done to identify susceptible children** that would be at a greater risk of vaccine damage. She states that the question has **not** been answered and when she looks at all of the evidence**, it is plausible that vaccines or some components in vaccines may be linked with autism**. She also questions the motives behind the hesitation of doing these studies.
https://www.youtube.com/watch?v=UZFPpHBNp2M

**In an April 10, 2008 article written by Dr. Healy for *U.S. News and World Report*,** Dr. Healy questions the motives and of the resistance by medicine to doing more safety studies on vaccines.
https://health.usnews.com/health-news/managing-your-healthcare/brain-and-behavior/articles/2008/04/10/fighting-the-autism-vaccine-war

"The debate roils on—even about research. The Institute of Medicine in its last report on vaccines and autism in 2004 said that more research on the vaccine question is **counterproductive**: Finding a susceptibility to this risk in some infants would **call into question** the universal vaccination strategy that is a bedrock of immunization programs **and could lead to widespread rejection of vaccines**. The IOM concluded that efforts to find a link between vaccines and autism "must be balanced against the broader benefit of the current vaccine program for all children." *My comment: In other words, sacrifice the few for the greater good…that sounds like Nazi Germany to me.*

## Thimerosal (mercury) and aluminum, are strongly associated with autism, mental, neurological, immunological (including autoimmune disease) and a variety of other disorders

### These first 15 studies are just the tip of the iceberg. You will see many more as you read through this document.

### The Journal of Developmental Disabilities sounds the alarm about mercury and other immune-toxic exposures in the womb and shortly after birth

A 2012 article, published in the ***Journal of Developmental Disabilities*** titled, **Commentary: A Link Between Mercury Exposure, Autism Spectrum Disorder, and Other Neurodevelopmental Disorders? Implications for Thimerosal-Containing Vaccines** reveals some very disturbing facts.
http://oadd.org/wp-content/uploads/2012/01/41011_JoDD_18-1_34-42_Tomljenovic_et_al.pdf

**Abstract:** "Autism is a multisystem developmental disorder characterized by dysfunctional immunity and impaired brain function. Although autism is partly determined by genetic susceptibility factors, reported dramatic increases in the prevalence of autism in developed countries have intensified scientific focus on environmental exposures. Pre- and perinatal immunotoxic insults are now strongly suspected as contributors to this increase. Mercury (Hg) is both a neuro- and an immunotoxin and continues to be used in some pediatric vaccines in the form of the preservative thimerosal. Although currently there are no direct human studies on the risks of Hg exposure from thimerosal-containing vaccines (TCVs), animal studies show that doses relevant to human TCV exposure can result in adverse neurodevelopmental outcomes. To date, TCVs continue to be administered on a regular basis to potentially the most vulnerable populations: pregnant women and children. **In light of existing experimental evidence, the rationale for using this known immunotoxic and neurotoxic substance in human vaccines should be reconsidered."**

The article makes another important statement.

***People with disabilities:*** "There is no data on safety of TCVs in people with autism or developmental disabilities. Historically, vaccine trials have routinely excluded individuals with a variety of pre-existing conditions. These include personal or family history of developmental delays or neurological disorders." "This lack of relevant safety data should be of concern, since cases of deaths following vaccination in children with developmental disabilities (i.e., psychomotor retardation) have been established in the scientific literature."

## The *North American Journal of Medical Sciences* say that there is "compelling" evidence supporting a "significant" relationship between mercury exposure from vaccines and neurodevelopmental delay

This article is from ***the North American Journal of Medical Sciences*** and is titled, **Thimerosal -Containing Hepatitis B Vaccination and the Risk for Diagnosed Specific Delays in Development in the United States: a case-control study in the vaccine safety datalink.**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215490/

**Conclusion:**
**"The present study provides compelling new epidemiological evidence supporting a significant relationship between increasing organic-Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of a diagnosis for specific delays in development among both males and females.** Many recent studies support the biologically plausible role of organic-Hg exposure from Thimerosal-containing vaccines in the pathogenesis of specific delays in development. The specific ICD-9 code examined in the current study included specific delays in development involving speech/language, coordination, hearing, and reading disorders. **Hg *(mercury)* is a known developmental and neurotoxin,** and its specificity in targeting long-range axons, as the evidence here would suggest, possibly contributes to the abnormal long-range tracts that are found in children diagnosed with specific delays in development, such as reading, hearing, coordination and speech/language."

"**In summary, using a hypothesis-testing, epidemiological analytical methodology in the VSD database, organic-Hg exposure from Thimerosal-containing childhood vaccines was determined to be a significant risk factor for the subsequent diagnosis of specific delays in development among males and females.**"

## Using data from U.S. Government records, a 2004 study finds a strong correlation with levels of mercury from vaccines and rates of autism.

In a study published in the ***Medical Science Monitor*** titled, **A comparative evaluation of the effects of MMR immunization and mercury doses from thimerosal-containing childhood vaccines on the population prevalence of autism**, researchers cross referenced the ***Biological Surveillance Summaries of the Centers for Disease Control and Prevention (CDC)***, ***the U.S. Department of Education datasets, and the CDC's yearly live birth estimates*** and found "biological plausibility and epidemiological evidence **showing a direct relationship between increasing doses of mercury from thimerosal-containing vaccines and neurodevelopmental disorders, and measles-containing vaccines and serious neurological disorders."** https://www.ncbi.nlm.nih.gov/pubmed/?term=14976450

**The following are excerpts from Dr. Dan Murphy's web site where he reviewed this article and included several quotes from the study's authors:**
http://www.danmurphydc.com/wordpress/wp-content/uploads/archive/2003/Article_41-03.geier.pdf

**Results:** It was determined that there was **a close correlation** between mercury doses from thimerosal-containing childhood vaccines and the prevalence of autism from the late 1980s through the mid-1990s.

In contrast, there was a potential correlation between the number of primary pediatric measles-containing vaccines administered and the prevalence of autism during the 1980s. In addition, it was found that there were **statistically significant odds ratios for the development of autism following increasing doses of mercury from thimerosal- containing vaccines** (birth cohorts: 1985 and 1990–1995) in comparison to a baseline measurement (birth cohort: 1984).

The contribution of thimerosal from childhood vaccines (>50% effect) was greater than MMR vaccine on the prevalence of autism observed in this study.

**Conclusions:** The results of this study agree with a number of previously published studies.

The amount of mercury that each child was administered was based upon the number of doses of thimerosal-containing vaccines distributed administered. **The thimerosal-containing vaccines analyzed in this study included:**

1) Four variations of the Diphtheria-Tetanus-Pertussis (DPT).

2) Haemophilus influenza Type b (Hib).

3) Pediatric hepatitis B.

We determined the amount of mercury in each respective vaccine based upon the 2001 report of the ***Institute of Medicine*** (IOM) of the ***U.S. National Academy of Sciences.*** **The mercury doses per vaccine that we calculated were as follows:**

- **DTP and Hib all had 25 micrograms per dose. [WOW]**
- **Pediatric hepatitis B had 12.5 micrograms per dose**.

**RESULTS: Between 1981 to 1996, the "prevalence of autism increased approximately 6- fold, from approximately 50 cases per 100,000 children (i.e. 1 in 2,000 children) to approximately 300 cases per 100,000 children (i.e. 1 in 333 children)." [WOW]**

"As the prevalence of autism increased from the birth cohorts from the late 1980s through the early 1990s **a corresponding increase in the average mercury dose per child occurred.**"

**"A maximum occurred in the birth cohort of 1993 in both the average mercury dose per child and the prevalence of autism."** [IMPORTANT]

"A decrease in both the prevalence of autism and the average mercury dose per child occurred from 1993 through 1996." [IMPORTANT]

"There was a potential correlation between increasing doses of primary pediatric measles-containing vaccine and an increasing prevalence of autism during the 1980s".

"In 2001, the IOM published a report stating that **it was biologically plausible for mercury from thimerosal-containing childhood vaccines to cause childhood neurodevelopmental disorders**." [***Institute of Medicine*** (US). Immunization safety review: ***Thimerosal-containing vaccines and neurodevelopmental disorders***. Washington, DC: National Academy Press; 2001].

Authors have reported **distinct similarities "between autism and mercury exposure in their effects upon biochemistry, the immune system, the central nervous system structure, neuro-chemistry, and neurophysiology."**

"**Children with autistic spectrum disorders have a decreased ability to excrete mercury** in comparison to normal controls."

Studies show that thimerosal induced membrane and DNA damage, initiated apoptosis in human neurons and fibroblasts, **and that thimerosal toxicity may occur at even lower doses with longer times of exposure.**

The results of this study are supported by both previous epidemiological and biological plausibility data.

"**The prevalence of autism has risen from one in about 2,500 children in the mid- 1980s to as common as about one in 250 by the mid-1990s**."

**The "rise in the prevalence in autism reflects genuine phenomena**, and is **not the result of population migration, differences in autism diagnoses, or other potential confounders**."

"The strength of this study regarding mercury from thimerosal-containing childhood vaccines stems from the fact that **it provides a large overall picture of the effects of administration of tens of millions of doses of thimerosal-containing childhood vaccines to millions of children**. In addition, the children in

the birth cohorts examined in this study were all **at least six years of age**, allowing for sufficient elapse of time so that a diagnosis of autism could be made, and **all diagnoses of autism were all made by the same organization, namely the *U.S. Department of Education*, minimizing any potential differential diagnoses of autism**."

"**This indicates that mercury from thimerosal-containing childhood vaccines has a very significant relationship with autism**."

In a previous study the authors determined that the odds ratio of autism increased by 3% per microgram of mercury. In this study, the odds ratio of autism increased by 2.3% per microgram of mercury.

**They conclude, "there is truly an association between mercury from thimerosal containing childhood vaccines and the childhood neurodevelopmental disorder of autism**."

**These author's "own epidemiological analyses showed that there was an increased risk for serious neurological disorders including autism, permanent brain damage, ataxia and mental retardation following pediatric MMR immunization.**"

**As a consequence of MMR Immunization, other researchers have identified"**

> **1) Chronic intestinal colitis, ulcerative colitis and other gastrointestinal disease.** *(Interestingly, this is what Dr. Andrew Wakefield found and was excoriated for. More on this later)*
>
> **2) Onset of behavioral symptoms.**
>
> **3) A strong association between MMR and central nervous system autoimmunity.**
>
> **4) Encephalopathy**
>
> **5) Serious neurological disorders These findings appear within 14 days following measles vaccination. It is recommended that thimerosal be removed from all vaccines, and additional research be undertaken to produce an MMR vaccine with an improved safety profile.**

## The Journal of Translational Neurodegeneration discusses new epidemiological evidence connecting mercury containing vaccines and Autism Spectrum Disorder conditions

**From *the Journal Translational Neurodegeneration*, 2013, 2:25 titled A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder diagnosis in the United States.**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3878266/

**Conclusions:** "Routine childhood vaccination is an important public health tool to reduce the morbidity and mortality associated with infectious diseases, but **the present study provides new epidemiological evidence supporting an association between increasing organic Hg (Mercury) exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an Autism Spectrum Disorder diagnosis**."

## Mercury caused brain damage linked to symptoms of autism spectrum disorders

A 2008 study from the ***Indian Journal of Medical Research*** titled, **A comprehensive review of mercury provoked autism**, outlines the serious neurological consequences of mercury exposure and relates that damage to the symptoms of autism. https://www.ncbi.nlm.nih.gov/pubmed/?term=19106436

**From the article:**
**"Emerging evidence supports the theory that some autism spectrum disorders (ASDs) may result from a combination of genetic/biochemical susceptibility, specifically a reduced ability to excrete mercury (Hg), and exposure to Hg at critical developmental periods."**

"**Hg *(mercury),* has been found to cause immune, sensory, neurological, motor, and behavioural dysfunctions similar to traits defining/associated with ASDs, and that these similarities extend to neuroanatomy, neurotransmitters, and biochemistry. Furthermore, a review of molecular mechanisms indicates that Hg exposure can induce death, disorganization and/or damage to selected neurons in the brain similar to that seen in recent ASD brain pathology studies, and this alteration may likely produce the symptoms by which ASDs are diagnosed**. Finally, a review of treatments suggests that ASD **patients who undergo protocols to reduce Hg and/or its effects show significant clinical improvements in some cases**. **In conclusion, the overwhelming preponderance of the evidence favours acceptance that Hg exposure is capable of causing some ASDs**."

## Vaccinated children have a 41% greater incidence of autism than unvaccinated children

**From the same article:**
"**one can compute a 41% increased relative frequency of autism diagnosis in the vaccinated versus the unvaccinated population in this age range**, a number that might well have been statistically significant had it been singled out. **Finally, it is likely that other vaccines in addition to MMR play a role in autism, particularly since, unlike many vaccines, MMR contains neither thimerosal nor aluminum. MMR is often administered simultaneously with Diphtheria, Tetanus and Pertussis (DTaP), an aluminum-containing vaccine. The synergistic and cumulative effects of multiple vaccines would likely lead to nonlinear enhancement of adverse events**."

## The Journal Toxicological and Environmental Chemistry finds that even low-level exposure to thimerosal and other metals induces "significant cellular toxicity" in human neuronal and fetal cells

http://www.tandfonline.com/doi/abs/10.1080/02772240802246458 This article from the ***Journal Toxicological and Environmental Chemistry*** titled, **Mitochondrial dysfunction, impaired oxidative-reduction activity, degeneration, and death in human neuronal and fetal cells induced by low-level exposure to thimerosal and other metal compounds** clearly cites the toxicity of Thimerosal.

**From the article:**

"Thimerosal (ethylmercurithiosalicylic acid), an ethylmercury (EtHg)-releasing compound (49.55% mercury (Hg)), was used in a range of medical products for more than 70 years. Of particular recent concern, **routine administering of Thimerosal-containing biologics/childhood vaccines have become significant sources of Hg exposure for some fetuses/infants.**

"**Thimerosal at low nanomolar (nM) concentrations induced significant cellular toxicity in human neuronal and fetal cells**. Thimerosal-induced cytoxicity is similar to that observed in AD pathophysiologic studies. **Thimerosal was found to be significantly more toxic than the other metal compounds examined.**"

## The Biochemical Journal finds compelling evidence that there is a "significant" and dose dependent relationship of mercury exposure and developmental delays

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199012/ This article published in the ***Biochemical Journal*** titled, **A Dose-Response Relationship between Organic Mercury Exposure from Thimerosal-Containing Vaccines and Neurodevelopmental Disorders**, shows a clear connection between thimerosal exposure in a dose related way and neurodevelopmental disorders.

**Some excerpts:**
"On a per microgram of organic-Hg basis, **Pervasive developmental disorder (PDD), specific developmental delay, tic disorder and hyperkinetic syndrome of childhood cases were significantly more likely than controls to receive increased organic-Hg (mercury) exposure.** By contrast, none of the non-thimerosal related outcomes were significantly more likely than the controls to have received increased organic-Hg exposure. Routine childhood vaccination may be an important public health tool to reduce infectious disease-associated morbidity/mortality, but **the present study significantly associates organic-Hg exposure from T-HBV with an increased risk of a Neurodevelopmental Disorder diagnosis**".

**Conclusions: "This study provides new epidemiological evidence supporting a significant relationship between increasing organic-mercury exposure from Thimerosal Containing Vaccines and the subsequent risk of a Neurodevelopmental Disorder diagnosis**."

## A study involving nearly 300,000 children, found "consistent significantly increased" rates of autism, ADD and emotional disturbances linked to Thimerosal Containing Vaccines (TCVs)

A 2008 article in the ***Journal of the Neurological Sciences*** titled, **Thimerosal exposure in infants and neurodevelopmental disorders: an assessment of computerized medical records in the Vaccine Safety Datalink**, find a significant connection between thimerosal exposure in vaccines and neurodevelopmental conditions. https://www.ncbi.nlm.nih.gov/pubmed/18482737

**From the Abstract:**
"The study evaluated possible associations between neurodevelopmental disorders (NDs) and exposure to mercury (Hg) from Thimerosal-containing vaccines (TCVs) by examining the automated Vaccine Safety Datalink (VSD). **A total of 278,624 subjects** were identified in birth cohorts from 1990-1996 that had received their first oral polio vaccination by 3 months of age in the VSD. The birth cohort prevalence rate of medically diagnosed International Classification of Disease, 9th revision (ICD-9) specific NDs and control outcomes were calculated. Exposures to Hg from TCVs were calculated by birth cohort for specific exposure windows from birth-7 months and birth-13 months of age. Poisson regression analysis was used to model the association between the prevalence of outcomes and Hg doses from TCVs. **Consistent significantly increased rate ratios were observed for autism, autism spectrum disorders, tics, attention deficit disorder, and emotional disturbances with Hg exposure from Thimerosal Containing Vaccines**." …"**efforts should be undertaken to remove Hg from vaccines**."

**From the Study:**
"Burbacher et al. evaluated infant monkeys following injection of doses of Thimerosal **comparable to the dosing schedule (weight- and age-adjusted) US children received during the 1990s**. **They determined that the maximum ethylmercury content in the brains of the Thimerosal-treated infant monkeys ranged from about 40 to 50 parts-per-billion (ppb). In addition, post-dosing-schedule testing found the concentration of inorganic mercury (formed from the ethylmercury entering the brain) averaged 16 ppb in the brains of the Thimerosal-treated infant monkeys. Moreover, the half-life of this inorganic mercury in the monkeys' brains was too long to estimate a value from the available data (no significant measurable decline was detectable by 120 days)."**

## The Environmental Working Group reports on a metabolic biomarker in autistic children that makes them more susceptible to exposure to mercury and other toxins

**Overloaded? New science, new insights about mercury and autism in children.** This article is published by the ***Environmental Working Group*** www.ewg.org

**Summary: "**Scientists have identified a signature metabolic impairment or biomarker in autistic children that **strongly** suggests that these children would be susceptible to the harmful effects of mercury and other toxic chemical exposures."

"**Finally, these findings raise serious concerns about the studies that have allegedly proven the safety of mercury in vaccines.** The epidemiologic studies used to dismiss a causal relationship between autism and thimerosal **have assumed that all children have the same resistance to chemical exposure**. To properly investigate potential harm from mercury -containing shots researchers would have to compare autism rates in children with the same type of vulnerability."

## The Journal of Immunotoxicology says that in addition to mercury, which it finds harmful, the human DNA and retroviruses found in vaccines put children at risk of damage to central nervous system development, and mitochondrial function

This is from the previously mentioned article in ***the Journal Immunotoxicology*** published in 2011 titled, **Theoretical Aspects of Autism. The article clearly shows that It's not just the mercury that puts children at risk from vaccines. There is human DNA and retroviruses found in childhood vaccines. This article discusses many plausible explanations for the rise in autism as a result of various vaccine** related factors. http://www.tandfonline.com/doi/full/10.3109/1547691X.2010.545086

**Here are some quotes from the article:**
"Data from a worldwide composite of studies show that an increase in cumulative incidence began about 1988–1990 (McDonald and Paul, 2010). The new version of the measles, mumps, rubella vaccine (i.e., MMR II) that did not contain Thimerosal was introduced in 1979. By 1983, only the new version was available. Autism in the United States spiked dramatically between 1983 and 1990 from 4–5/10,000 to 1/500. In 1988, **two doses of MMR II were recommended to immunize those individuals who did not respond to the first injection. A spike of incidence of autism accompanied the addition of the second dose of MMR II.** Also, in 1988, MMR II was used in the United Kingdom, which reported a dramatic increase in prevalence of autism to 1/64 (noted above). Canada, Denmark, and Japan also reported dramatic increases in prevalence of autism. **It is important to note that unlike the former MMR, the rubella component of MMR II was propagated in a human cell line derived from embryonic lung tissue** (Merck and Co., Inc., 2010). **The MMR II vaccine is contaminated with human DNA from the cell line. This human DNA could be the cause of the spikes in incidence. An additional increased spike in incidence of autism occurred in 1995 when the chicken pox vaccine was grown in human fetal tissue (Merck and Co., Inc., 2001; Breuer, 2003).** The current incidence of autism in the United States, noted above, is approximately 1/100."

## Study finds the thimerosal containing Hepatitis B vaccine series was increasing developmental disabilities in boys by 900%

A 2008 study published in the ***Journal of Translational and Environmental Chemistry*** titled, **Hepatitis B triple series vaccine and developmental disability in US children aged 1–9 years**, found boys ages 1-9 that were given **3 doses of the thimerosal containing Hepatitis B vaccine were 9 times more likely to require special needs education or behavioral and learning assistance.**
https://www.tandfonline.com/doi/abs/10.1080/02772240701806501#

National Health and Nutrition Examination Survey 1999–2000 data was analyzed to determine the percentage of children having the 3 shot series that needed early intervention or special education services (EIS).

**"The odds of receiving EIS were approximately nine times as great for vaccinated boys (*n* = 46) as for unvaccinated boys (*n* = 7), after adjustment for confounders."**

**"This study found statistically significant evidence to suggest that boys in United States who were vaccinated with the triple series Hepatitis B vaccine, during the time period in which vaccines were manufactured with thimerosal, were more susceptible to developmental disability than were unvaccinated boys."**

## One explanation as to why boys are affected with autism implicates human DNA found in vaccines

**This paragraph was mentioned in the previous section on fetal DNA...**
**"The human DNA from the vaccine can be randomly inserted into the recipient's genes by homologous recombination, a process that occurs spontaneously only within a species. Hot spots for DNA insertion are found on the X chromosome in eight autism-associated genes involved in nerve cell synapse formation, central nervous system development, and mitochondrial function (Deisher, 2010). This could provide some explanation of why autism is predominantly a disease of boys. Taken together, these data support the hypothesis that residual human DNA in some vaccines might cause autism."**

"**There is evidence that Thimerosal (which is 49% ethyl mercury) is indeed harmful.** Since the 1930s, Thimerosal has been extensively used as an antibacterial agent in vaccines (Geier et al., 2007). Thimerosal has been implicated as a cause of autism. **Not only is every major symptom of autism documented in cases of mercury poisoning but also biological abnormalities in autism are very similar to the side effects of mercury poisoning itself (Bernard et al., 2001): these include psychiatric disturbances (e.g., impairments in sociality, stereotypic behaviors, depression, anxiety disorder, and neuroses), increased incidences of allergies and asthma, increases in the presence of IgG autoantibodies against brain and myelin basic proteins, reductions in natural killer cell function, and increases in neopterin levels (indicative of immune activation). Autistic brains show neurotransmitter irregularities that are virtually identical to those arising from mercury exposure."**

**On vaccine causation: "The incidence and prevalence data indicate the timing of introduction of vaccines and changes in the type and increasing number of vaccines given at one time implicate vaccines as a cause of autism."**

## New study finds an association with early mercury exposure and rates of autistic behavior at 5 years old

In a 2017 article published in the Journal ***Science of the Total Environment***, titled, **Associations of prenatal and early childhood mercury exposure with autistic behaviors at 5 years of age: The Mothers and Children's Environmental Health (MOCEH) study**, authors made the following associations:

- We explored the associations between blood mercury levels and autistic behaviors.
- This study involved an ongoing multi-center prospective birth cohort.
- Blood mercury levels were repeatedly measured from early pregnancy to 3 years.
- Autistic behaviors were assessed at 5 years with the Social Responsiveness Scale.
- **Prenatal and early childhood mercury levels were associated with autistic behaviors.**

http://www.sciencedirect.com/science/article/pii/S0048969717316479

## The Journal Laboratory Medicine finds that thimerosal, may cause direct neurotoxic, immuno-depressive, and autoimmune injury and contribute to early onset and regressed autism

In a 2002 article titled, **Vaccines and Autism** and published in ***Laboratory Medicine,*** the authors make the following connections between autism, Thimerosal and the MMR vaccine.

**"It is clear that the proportion of autistic children who enjoyed normal neurobehavioral development and then regressed, usually in the second year of life, has been on the rise for about 2 decades. New vaccines, including combined MMR, hepatitis B, and Haemophilus influenza are new environmental factors that were introduced during this period of changing onset."**

"**Vaccinations may be one of the triggers for autism.** Substantial data demonstrate immune abnormality in many autistic children consistent with impaired resistance to infection, activation of inflammatory response, and autoimmunity. Impaired resistance may predispose to vaccine injury in autism."

"**A mercurial preservative in childhood vaccines, thimerosal, may cause direct neurotoxic, immunodepressive, and autoimmune injury and contribute to early onset and regressed autism. Live viruses in measles, mumps, and rubella (MMR) may result in chronic infection of the gut and trigger regressed autism. Thimerosal injection may potentiate MMR injury.**"

"We postulate that **thimerosal in vaccines may cause direct** neurotoxic, immune-depressive, and autoimmune injury resulting in either **early-onset or regressed autism**. Further, we submit that MMR (usually at 15 months) may result in chronic infection of the gut by vaccinial measles, and trigger regressed autism. Thimerosal injections in series prior to or at the time of MMR may potentiate injury by MMR."

"**Chronic measles infection from MMR is suggested by studies that demonstrate: 1) chronic vaccinial measles infection of the peripheral monocytes of autistic children with enterocolitis; 2) genomic material consistent with chronic measles infection in intestinal biopsies of regressed autistic children**

**with enterocolitis; and 3) presence in the majority of autistic children of a unique anti-MMR antibody highly correlated with a marker for nervous system autoimmunity. Autoimmune injury to both gut and brain is suggested in autism."**

"They also cite the importance of **screening children that may have compromised immune systems, therefore putting them at increased risk for adverse reactions to vaccines. "Development of screening tests to identify children with higher risks of any negative effects of MMR should be a high priority. Such screening might include skin-testing for allergy, dietary; family questionnaires to identify possible low vitamin A levels; tetanus titers for allergy; or immunoglobulin and T-cell counts in special cases."**

I hate to be cynical, but I don't have much hope for the advancement of effective screening of newborns to identify genetic predispositions to vaccine injury. One main reason is that we already know that screening pregnant women for Hepatitis B, would identify mothers that don't have Hep B and spare the child from having to be subjected to that vaccine on day-one that is completely useless and unnecessary for them. But do we even do that one simple thing? NO. See pages 533-545 for more on the Hep B vaccine.

**NEWS ALERT! The journal Editor in Chief Roger L. Bertholf PhD recently retracted this study. On October 18, 2018, he made the decision to retract the article based on the fact that the study was being prominently displayed in search engine results and that he was concerned that it would further advance an anti-vaccine agenda. He also said that he didn't want his journal which he says is a leader in promoting global health to be viewed as endorsing a paper that has a false and potentially dangerous premise. Do him, this was enough to pull a paper 16 years after its publication.**

**In this article, Dr. Bertholf was quoted as saying the following:**

- "…aware of the paper's existence when I took over as Editor in Chief in 2012 but didn't give any thought to retraction until I saw Dr. Ghezzi's study, which revealed that the Rimland and McGinnis paper was prominently displayed in search engine result pages."
- "This caused me some concern that the paper would be used to advance an anti-vaccine agenda."
- "And I did not want the American Society for Clinical Pathology, which publishes *Lab Medicine* and is a leader in promoting global health, to be viewed as endorsing a paper on vaccination that has a false and potentially dangerous premise based on the flawed paper retracted by *The Lancet." (**my comment:** when you read the truth about what happened with that "flawed" paper in the Lancet, its mischaracterization and the character assassination of Dr. Wakefield later in this document, you will see that this premise has no merit)*

https://www.precisionvaccinations.com/mmr-vaccine-does-not-cause-autism-says-cdc

**I cannot emphasize how dangerous this practice of article retraction is. There seems to be a trend in this country of censoring speech and opinions that don't agree with a certain group, party or industry. And I have seen this with other vaccine related scientific papers that don't agree with the status quo.**

**It is similar to the censorship that the communist and totalitarian regimes employ to suppress free expression/speech and opinions. If something doesn't agree with the party line, you don't refute it with credible evidence and a scientific rebuke, you simply shut it down or take it off-line. You will see another example of this on pages 348-349.**

**This article also states the following: "**On August 21, 2018, the Centers for Disease Control and Prevention (CDC), said the following, "The evidence is clear: thimerosal is not a toxin in vaccines, but merely a preservative, preventing contamination, that has been used in vaccines for decades.'"
**If true, this statement simply proves how ignorant and blinded the CDC really is. As you have read and will continue to see in this document, there is a huge amount of scientific evidence that emphatically disagrees with that assertion.**

This short slide presentation to the *Institute of Medicine* shows compelling graphs demonstrating the parallel rise in the prevalence of autism and the amount of mercury in childhood vaccines

http://www.nationalacademies.org/hmd/~/media/D2CB3EDCAE414143BC588F1970849FA8.ashx

## When did the CDC first know about the association between Thimerosal and an increased (760%), risk of autism?

The CDC was aware of the connection in 1999 as shown by this study

**Increased risk of developmental neurologic impairment after high exposure to thimerosal-containing vaccine in first month of life.** Two of the four study authors were well-known researchers (Thomas M. Verstraeten and Frank DeStefano), and **this study was one of the first to show a strong connection between Thimerosal containing vaccines given the first month of life and autism (a 760% increase).** Interestingly, the researchers that did this article were CDC researchers and it was conducted by the CDC's Division of Epidemiology and Surveillance, Vaccine Safety and Development Branch, National Immunization Program in 1999. This proves that the CDC knew of this connection nearly two decades ago. The link to the article PDF can be found here https://homeopathicassociates.com/portfolio-item/100-research-papers-supporting-vaccineautism-causation-1-10 It is the first article listed.

## A 2016 review of 91 studies examining the relationship between mercury and autism, found 67 (74%) that suggest mercury is a risk factor for autism

A 2016 article published in the ***Journal of Trace Elements in Medicine and Biology*** titled, **The relationship between mercury and autism: A comprehensive review and discussion** found that mercury is causal and/or contributory to autism.

"In the studies that examine blood (whole blood and red blood cells) and nails, results show that the higher the mercury levels, the worse the autism symptoms."

"No studies were found during our literature search that examined tissue mercury levels and autism severity that did not find a correlation." *(all studies found a correlation)*

**Conclusion:**

"In this evaluation, it was found that **74% of studies support a link between mercury exposure and ASD, which corroborates a previous evaluation of the same issue conducted in 2010**. **In that study, Desoto and Hitlan also found that 74% of studies support a link between mercury exposure and ASD. This agreement in science six years later is compelling and supports the validity of the finding."**

"With the increase in neurodevelopmental disorders in general, and especially ASD, the evidence suggests that **governmental/public policy changes are urgently needed."**

## 130 studies linking vaccines to neuro and autoimmune issues common to autism

https://go.thetruthaboutvaccines.com/wp-content/uploads/130-STUDIES-LINKING-VACCINES-TO-NEUROLOGICAL-AND-AUTOIMMUNE-ISSUES-COMMON-TO-AUTISM.pdf **This link will take you to a PDF with 130 different studies that link vaccines to neurological and autoimmune issues common to autism. I have cited many of those studies in this document, but there are many more in that PDF that just add to the mountain of evidence presented in this eBook.**

### Thimerosal, toxic even at minute levels, is still in vaccines given to pregnant women and children and is considered dangerous by many in the scientific community

While it is true that thimerosal has been removed from most childhood vaccines, the industry is still pushing the flu and Tdap vaccines on pregnant women, when the baby in-utero is most susceptible. The multi-dose flu vaccine still contains thimerosal. If we learned anything from the DES travesty, we learned that toxins can cross through the placenta into the fetal bloodstream. So not only are babies in utero being exposed to mercury from adult shots that still contain it, they are also exposed to aluminum and other metabolic and neurological toxins contained in adult vaccines.

This 2015 article from the Journal ***Clinica Chi Chimica Acta*** titled**, Thimerosal: clinical, epidemiologic and biochemical studies**, presents damning evidence on the use of thimerosal in vaccines, even in minute levels. https://www.ncbi.nlm.nih.gov/pubmed/?term=25708367

"Despite all of the aforementioned concerns and the fact that there are other approved and effective preservatives available, Thimerosal continues to be used as a preservative in several vaccines to date and is a considerable source of Hg *(mercury)* exposure for children. About 50% of the Hg exposure in infants comes from the recurring bolus doses of Thimerosal from Thimerosal-containing vaccines administered in the first 2 years of life (**cumulative doses of Hg exposure from Thimerosal containing vaccines can be as high as 187.5 µg Hg in the first six months of life**. Although this degree of exposure in the first six months of life has been reduced in the US in recent years, it remains unchanged in developing countries. **There is considerable body of scientific and medical evidence supporting a role from Hg exposure causing harmful consequences. To date, there are at least 180 studies that show harm from Thimerosal."**

The study then cites several different scientific studies showing the cumulative dose of thimerosal significantly exceeding the EPA's safe level for toxicity. It then goes on to say, "Overall, these investigators observed that doses of **Hg exposure from administration of a single Thimerosal-preserved influenza vaccine during pregnancy resulted in a developing fetus receiving a dose of Hg in excess of the US EPA Hg safety limit from between 1,000,000 times to 10,000 times that safety limit at 1 week of development to 7.6 times to 0.1 times that limit at 38 weeks of development**. It is interesting to note, from the Brown and Austin modeling data, that, **even assuming 99% elimination of the Hg dose by the placenta, a developing fetus even at 16 weeks-old would still receive a dose of Hg greater than 2.5 times the EPA Hg limit for safety**. **Overall, both Brown and Austin and Goldman concluded their toxicokinetic studies by suggesting that, given the magnitude in excess of the EPA Hg safety limits presented by exposure to a dose of Thimerosal-preserved vaccine during pregnancy, it is biologically plausible for such exposures to result in fetal/infant death and developmental disability."**

**Their concluding statement:**

"**However, the culmination of the research that examines the effects of Thimerosal in humans indicates that it is a poison at minute levels with a plethora of deleterious consequences, and there is a clear cause for concern.**"

**Now, hold that thought and take this into consideration:**

# Massive amounts of mercury (EPA standards) are found in vaccines

## The flu vaccine contains 25,000 X more mercury that the EPA allows in drinking water!

In 2014, Natural News publisher Mike Adams, revealed results of the analysis done on the Flulaval flu vaccine. http://www.naturalnews.com/045418_flu_shots_influenza_vaccines_mercury.html

"(***NaturalNews***) Mercury tests conducted on vaccines at the Natural News Forensic Food Lab have revealed a shockingly high level of toxic mercury in an influenza vaccine (flu shot) made by GlaxoSmithKline (lot #9H2GX). **Tests conducted via ICP-MS document mercury in the *Flulaval* vaccine at a shocking 51 parts per million, or over 25,000 times higher than the maximum contaminant level of inorganic mercury in drinking water set by the EPA.(**1)"

The tests were conducted via ICP-MS using a 4-point mercury calibration curve for accuracy. Even then, the extremely high level of mercury found in this flu shot was higher than anything we've ever tested, including tuna and ocean fish which are known for high mercury contamination.

In fact, the concentration of mercury found in this GSK flu shot was **100 times higher than the highest level of mercury we've ever tested in contaminated fish**. **And yet vaccines are *injected* directly into the body, making them many times more toxic than anything ingested orally**."

**One question I have is this. How can the EPA tell pregnant mothers not to eat fish more than once per month, for fear that the baby would suffer harm from the mercury, yet the CDC and the FDA promotes injecting it straight into a pregnant woman and consequently into a newborn's blood stream? In answering this question, you also have to consider that absorption of mercury ingested (as in eating fish), is miniscule compared to injecting it into the blood stream, making the scenario asked in this question all the more bizarre.**

## Timeline of increases of thimerosal (mercury) in childhood vaccines and how it correlates with the rapid rise in autism- according to a 2003 report from congressional hearings

According to the **Mercury in Medicine Report** 2003, released by the ***Congressional Subcommittee on Human Rights and Wellness*** mentioned earlier, the significant increase in exposure to mercury as more vaccines with thimerosal were added correlates directly with the meteoric rise in the rates of autism from the mid-1980s and continuing today. **While thimerosal is the main focus of the congressional hearing, aluminum levels from vaccines has risen dramatically and is one of the key components that is continuing to trigger neurodevelopmental challenges in our children.**
https://www.gpo.gov/fdsys/pkg/CREC-2003-05-21/html/CREC-2003-05-21-pt1-PgE1011-3.htm

**From the Report:**

"Through most of the twentieth century, individuals were required to receive very few vaccines. However, with **the licensing of the Hepatitis B (Hep B) vaccine and the Haemophilus Influenzae Type b (Hib) vaccine starting in the mid-to-late 1980's, and their subsequent recommendation for universal use in 1991, the amount of mercury to which infants were exposed rose dramatically. It was during this period of increased exposure to thimerosal and its ethylmercury component that the growing wave of late-onset autism became apparent.** This confluence of events led many to suspect a correlation between the two and call for more research into the relationship between ethylmercury in vaccines and autism spectrum disorders."

"A number of vaccines never contained thimerosal. These classes of vaccines are generally live-virus vaccines. The ethylmercury in thimerosal would kill the living virus, making it unsuitable for such vaccines. **These shots include the Measles-Mumps-Rubella (MMR) vaccine, the oral polio vaccines (which are no longer recommended for use in the United States), and the chicken pox (varicella zoster) vaccines."**

**"Prior to the approval of the recombinant Hepatitis B vaccine in 1986, the only vaccine containing thimerosal routinely given to infants was the DTP vaccine. DTP contained 25 micrograms of ethylmercury and was given 3 times in the first six months of life (75 micrograms of ethylmercury) and a total of four times in two years (100 micrograms of ethylmercury)."**

**"The polysaccaride Haemophulus Influenzae B (Hib) vaccine was first licensed in 1985. It had 25 micrograms of ethylmercury and was given 3 times in the first six months of life (75 micrograms of ethylmercury) and a total of four times in the first two years of life."**

**"The approval of the Hep B vaccine in 1986 added another thimerosal-containing shot to the recommended schedule. This vaccine contained 12.5 micrograms of ethylmercury and was given within hours of birth and a total of 3 times in the first six months of life (37.5 micrograms of ethylmercury)."**

**"After 1986, some children went from getting 25 micrograms in one day or 75 micrograms in the first six months of life to getting 62.5 micrograms of ethylmercury in a day or 187.5 micrograms in the first six months of life. This would be in addition to any fetal exposure to mercury from the mother. In 1991, the CDC recommended that both Hib and Hep B be added to the universal recommendations for childhood immunization."**

"As was noted previously, the effects of ethylmercury have not been studied as carefully as methylmercury, and the Federal Government has not established safety thresholds for ethylmercury exposure. Because of the obvious similarities between the two, however, when the FDA reviewed the amount of injected ethylmercury in vaccines in 1999, they compared it to the Federal limits for **(ingested)** methylmercury exposure. **They were compelled to admit at that point that the cumulative amount of ethylmercury in vaccines exceeded the EPA's threshold for exposure to methylmercury.**

**This led the FDA to recommend the removal of thimerosal from most pediatric vaccines in 1999**, more than a decade after the Hepatitis B vaccine was added to the schedule."

"In point of fact, the potential problem was worse than the FDA suggested. **Not only did the cumulative amount of ethylmercury on the routine schedule exceed the EPA's limit, the amount of ethylmercury in each individual shot of DTP (or DTaP) and Hepatitis B exceeded the limit.** Young children were getting three boosters of each shot. The EPA's threshold is 0.1 micrograms of methylmercury for each kilogram of body weight. This does not mean that injury would definitely occur above this level because a significant safety margin is built in. However, the chances of injury increase as the exposure rises above this level. **For an 11-pound baby (five kilograms), the threshold would be roughly 0.5 micrograms. For a 22-pound baby (ten kilograms), the threshold would be 1 microgram. The DTP (and DTaP) vaccine contained 25 micrograms of thimerosal per dose, as does the Hepatitis B vaccine. The Hib vaccine contained 12.5 micrograms per dose. In addition, it is clear that for many, many children, the amount of thimerosal they received in vaccines in the 1990's also exceeded the FDA's higher threshold of 0.4 micrograms per kilogram of body weight."**

"Of particular concern to many parents are those instances in which children received several vaccines in one visit to their pediatrician. This practice has become commonplace **with the new vaccine schedules recommending 26 doses of vaccines before school attendance."** ***(Bear in mind that this was in 2003.***

## The 2018 CDC immunization schedule calls for 43 doses (including flu shots) by the time a child enters school!

*https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html*

***Bear in mind as you add them up, that the DTaP and MMR are really three-in-one vaccines and count as 3 doses each time administered.***

"Chairman Burton spoke about one such incident at a recent hearing: ``The FDA recently acknowledged that in the first 6 months of life children get more mercury than is considered safe by the EPA. The truth is that sometimes kids go to their doctor's office and get four or five vaccines at the same time. **My grandson received vaccines for nine different diseases in 1 day. He may have been exposed to 62.5 micrograms of mercury in 1 day through his vaccines. According to his weight, the maximum safe level of mercury he should have been exposed to in 1 day is 1.5 micrograms, so that is 41 times the amount at which harm can be caused."**

"When testifying before the Committee, Mrs. Lynn Redwood made the following observation regarding her son's bolus exposure to mercury through vaccinations: **``According to the EPA criteria, his allowable dose was only 0.5 micrograms based on his weight. He had received 125 times his allowable exposure on that day. The large injected bolus exposures continued at two months, four months, 12 months, and 18 months to a total mercury exposure of 237.5 micrograms. I also discovered that the injections that I received during my pregnancy, the first and third trimesters, and hours after the delivery of my son to prevent RH blood incompatibility disease also contained mercury.''**

## The testimony of this medical doctor makes some very important key points including

**Continued from the Report:**
"***Dr. Stephanie Cave***, who provided testimony to the Committee, is a doctor in Baton Rouge, Louisiana whose medical practice is focused on treating children with the symptoms of autism. She concurs with other experts from whom the Committee received testimony that there appears to be a correlation between increased use of vaccines containing thimerosal and a rise in autism:

- ``I believe that **the introduction of the hepatitis B vaccine in 1991** has sparked this recent epidemic because of thimerosal. **When added to the mercury imparted through the DTP and HIB, the exposure to mercury exceeds EPA safe limits** for the metal if you consider a bolus dose on a single day.
- ``The EPA limits are usually related to **ingested** mercury, which is partially cleared by the liver. *(More importantly, it is estimated that less than 1% of orally ingested mercury is even absorbed).* Injecting boluses of ethylmercury presents an entirely different, another scenario. The 2-month dose of mercury is at least **30 times higher** than the recommended daily maximum exposure set by the EPA. **During the 1990's, infants received 12.5 micrograms of mercury at birth, followed by 12.5 micrograms at 1 month, 62.5 micrograms at 2 months, 50 micrograms at 4 months, 50 micrograms at 6 months, 50 micrograms at 15 to 18 months; a total of 237.5 micrograms for a child who at best weighs 10 kilograms. This far exceeds the safety limits if you consider bolus dosing. Safety limits would be more like 1 to 1.5 micrograms."**

***(That means that the 237.5 micrograms is 190 times (19,000%) greater than the safety limit!)***

- ``The **bile production is minimal in infancy**, making it more difficult for metals to be cleared from the body. When added to a vaccine, the metals are even more dangerous because the vaccines **trigger immune reactions that increase the permeability of the GI tract and the blood/brain barrier.**
- ``The injection of mercury appears to affect only certain children, but **I fear that we've underestimated the devastation by concentrating only on the autistic children. We're measuring elevated levels of mercury in other children with milder difficulties like learning disabilities, ADHD, Asperger's Syndrome and many others.** We do not have any idea what the scope of this problem is at this point. And there are no safety standards for infants getting bolus doses of ethylmercury.''

## The FDA's own paid consultant finds levels of mercury exceeding all agencies safe limits in 1999, yet the FDA "slow rolls" the actions to remove it from childhood vaccines

A report by Robert F. Kennedy Jr. and Lyn Redwood on the web site ***EcoWatch*** revels some disturbing information about the way our government handled to realization that childhood vaccines were exposing infants and young children to dangerous levels of mercury.
https://www.ecowatch.com/cdc-mercury-vaccines-kennedy-2199157054.html

**From the article:**
"Uncovered documents show that the ***U.S. Food and Drug Administration (FDA)*** and the ***Centers for Disease Control and Prevention*** (CDC) **knew that infant vaccines were exposing American children to mercury far in excess of all federal safety guidelines since 1999**. The documents, created by a FDA consulting toxicologist, show how federal regulators **concealed the dangerous impacts and lied to the public."**

"In 1997, Congress passed the FDA Modernization Act. A provision of that statute required the FDA to "compile a list of drugs that contain intentionally introduced mercury compounds, and provide a quantitative and qualitative analysis of the mercury compounds on the list." In response, manufacturers reported the use of the mercury-based preservative, thimerosal, in more than 30 licensed vaccines." https://www.fda.gov/RegulatoryInformation/LawsEnforcedbyFDA/SignificantAmendmentstotheFDCAct/FDAMA/ucm100218.htm

"**FDA's Center for Biologics Evaluation and Research (CBER) was responsible for adding up the cumulative exposure to mercury from infant vaccines, a simple calculation that, astonishingly, had never been performed by either the FDA or the CDC. When the agency finally performed that basic calculation, the regulators realized that a six-month-old infant who received thimerosal-preserved vaccines following the recommended CDC vaccine schedule would have received a jaw dropping 187.5 micrograms of mercury.** "

"Instead of immediately ordering the removal of thimerosal, FDA officials circled the wagons treating the public health emergency as a public relations problem. Peter Patriarca, then director of the FDA Division of Viral Products, warned his fellow bureaucrats that hasty removal of thimerosal from vaccines **would: "… raise questions about FDA being 'asleep at the switch' for decades by allowing a potentially hazardous compound to remain in many childhood vaccines, and not forcing manufacturers to exclude it from new products**. It will also raise questions about various advisory bodies regarding aggressive recommendations for use. We must keep in mind that the dose of ethylmercury was not generated by "rocket science." Conversion of the percentage thimerosal to actual micrograms of mercury involves ninth grade algebra. **What took the FDA so long to do the calculations? Why didn't CDC and the advisory bodies do these calculations when they rapidly expanded the childhood immunization schedule?"**

## The FDA's consultant who shed the light on the overexposure from mercury and the fallout that followed

Dr. Barry Rumack was hired by the FDA as a consultant in 1999 and tasked to determine the amount of ethylmercury that infants were being exposed to and how that compared to the safe limits. The following information comes from a report titled, **Mercury in Medicine**, ***A Report Prepared by the Staff of the Subcommittee on Human Rights and Wellness Committee on Government Reform United States House of Representatives***, under the Honorable Chairman, Representative Dan Burton from Indiana. The report was the result of a three-year investigation, initiated in the ***Committee on Government Reform***. According to the report (on page 66), Dr. Rumack, discovered that the safe levels were being

exceeded by the recommended vaccine schedule. As a result, several other highly esteemed researchers and physicians called for the removal of mercury from these childhood vaccines. **Even though experts urged the government to take rapid action, the move was slow rolled leaving millions of children continuing to be exposed.** https://vaccines.procon.org/sourcefiles/Burton_Report.pdf

**From the report:**
"The task of analyzing the amount of mercury in vaccines and its ramifications was assigned to Dr. Leslie Ball, a pediatrician employed at the FDA and her husband and colleague Dr Robert Ball, a medical officer at FDA's CBER. Despite the general lack of scientific research on the toxicity of ethylmercury, their review of the available literature led to two working conclusions:"

1. "The recommended guidelines for exposure to methylmercury were a good starting point for reviewing exposure to ethylmercury; and

2. "The amount of ethylmercury in children's vaccines exceeded the EPA's guidelines for exposure to methylmercury."

Dr. Ball became a proponent for the removal of mercury from the vaccines.

"An important part of the FDA's review was a comparison of the amount of ethylmercury in vaccines to the recommended safe levels for exposure to methylmercury established by the EPA and the FDA. In 1999, a consultant to the FDA, Dr. Barry Rumack, developed a pharmacokinetic model to analyze the amount of mercury to which infants were being exposed. The FDA produced to the Committee two charts developed from that model dated June 28, 1999. Both charts demonstrate what has now become widely acknowledged, that most children in the 1990s received doses of ethylmercury in their vaccines that exceeded the EPA's limits for exposure to methylmercury (0.1 micrograms per kilogram) for at least the first six months of their lives. Even more significantly, the charts also indicate that most children received doses of ethylmercury that exceeded the FDA's less-restrictive limits (0.4 micrograms per kilogram) for at least the first two months of their lives."

"Federal officials have never publicly acknowledged this second fact. In public statements and Congressional testimony, they have acknowledged only that the EPA's lower limit was exceeded, even though simple math makes clear that most infants also breached the FDA's higher limit of 0.4 micrograms per kilogram."

"**Dr. Neal Halsey, Director of the Institute of Vaccine Safety at Johns Hopkins University, acknowledged this important fact, however. As previously mentioned, Dr. Halsey became convinced that thimerosal should be removed from vaccines.** On June 22, 1999, Dr. Ball presented the results of her research to the Medical Policy Coordinating Committee of the FDA's Center for Biologics Evaluation and Review (CBER).171 Dr. Halsey attended that meeting. **The next day, on June 23, 1999, Dr. Halsey wrote a letter to the members of the American Academy of Pediatricians' Committee on Infectious Diseases, which he chaired. He stated: *"In the past few days, I have become aware that the amount of thimerosal in most hepatitis B, DTaP and Hib vaccines that***

***we administer to infants results in a total dose of mercury that exceeds the maximum exposure recommended by the EPA, the FDA, CDC and WHO..."***

"Dr. Halsey's admission that more than just the EPA's more conservative guideline was exceeded is a significant departure from the public statements of most Federal officials. Dr. Halsey acknowledges that the guidelines of the EPA, the CDC, the FDA and the World Health Organization were all exceeded."

"Another noteworthy fact is that the charts produced by Dr. Rumack, and the FDA's analysis in general, failed to take into consideration the background levels of mercury to which children are exposed from other sources." Dr. Ball made that very important point in follow-up documentation.

Regarding the findings of Dr. Rumack, a report by Robert F. Kennedy Jr. and Lyn Redwood on ***EcoWatch*** cites the following: "The models *(graphs of mercury loads)* predicted sharp peaks of mercury concentrations in both blood and tissue, in a stair-step sequence following each of the new thimerosal-containing vaccines given during the first six months of life. **Based on these models, Rumack predicted exposure to thimerosal-containing vaccines was dosing American children with mercury levels far exceeding all three federal safety guidelines established by the U.S. Environmental Protection Agency (EPA), FDA, and Agency for Toxic Substances and Disease Registry (ATSDR). There was no point in time from birth to approximately 16-18 months of age that infants were below the EPA guidelines for allowable mercury exposure. In fact, according to the models, blood and body burden levels of mercury peaked at six months of age at a shockingly high level of 120ng/liter. To put this in perspective, the CDC classifies mercury poisoning as blood levels of mercury greater than 10 ng/L."**

**"After receiving this alarming news from its toxicological consultant, the FDA chose to conceal these acute exposures using a deceptive statistical trick. Instead of honestly reporting the dangerous spikes in pediatric blood levels, FDA's public documents averaged the exposures over a six month period despite the fact that the exposures only occurred on four days during that six month period: at birth, and at two, four and six months of age."**

**"An analogy would be to compare taking two Tylenol tablets a day for a month to taking 60 Tylenol tablets in one day; the first exposure is acceptable, while the other is lethal. Using this misleading gimmick, regulators were able to report that mercury exposure levels were below FDA and ATSDR guidelines. Even after employing this deception, the levels were still above EPA guidelines which were the most stringent of the three. Numerous toxicologists have reported that the FDA's calculation, averaging these high bolus dose exposures, was not appropriate."**

**Despite the "phasing out" of mercury in childhood vaccines, the CDC still recommends vaccines with mercury be given prenatally. We know that those vaccines expose the fetus to the mercury in those vaccines, so what are we doing? We are playing a shell game with the lives of millions of children. When the shell is lifted and the nut is not there, that doesn't mean it doesn't exist. It's just hiding under another shell.**

**So, what has been done in light of all of this overwhelming amount of evidence? As we are witness to in today's political arena, inappropriate, unethical or even illegal activities that are uncovered through congressional hearing rarely if ever go anywhere. Nothing becomes of the recommendations. No one is ever prosecuted or held accountable. No changes are made to the status quo. If private citizens behaved that way, they would lock us up and throw away the key. It is sad to see that the same thing was happening 15 years ago, to the detriment of our nation's most precious asset, our children. But, just as sadly we are seeing the same dangerous games being played today with the lives of our children.**

## Blood levels of mercury related to higher rates of autism

A 2007 article published in the ***Journal of Child Neurology*** titled, **Blood levels of mercury are related to diagnosis of autism: a reanalysis of an important data set**, reanalyzed data from a previous study after finding a mistake. That re-analysis found a "significant" relationship existed between blood mercury levels and autism. https://www.ncbi.nlm.nih.gov/pubmed/?term=18006963

**From the Abstract:**
"The question of what is leading to the apparent increase in autism is of great importance. Like the link between aspirin and heart attack, even a small effect can have major health implications. If there is any link between autism and mercury, it is absolutely crucial that the first reports of the question are not falsely stating that no link occurs. We have reanalyzed the data set originally reported by Ip et al. in 2004 and have found that the original p value was in error and that a **significant relation does exist between the blood levels of mercury and diagnosis of an autism spectrum disorder**. **Moreover, the hair sample analysis results offer some support for the idea that persons with autism may be less efficient and more variable at eliminating mercury from the blood**."

# Why have autism rates continued to climb despite removal of the mercury from most childhood vaccines?

## There are three main plausible explanations

1. Aluminum content has increased as mercury has decreased
2. Many vaccines contain foreign human DNA
3. The dramatic increase in vaccine doses & combined exposure to the chemicals & metals they contain

And don't let any of the vaccine lobby tell you that mercury was taken out of the vaccines and autism is still going up, so that PROVES that mercury was not the cause. What about prenatal exposure? And, as mentioned earlier and time and again, this document will show indisputably, **the substitution of aluminum for mercury and the addition of human DNA, retroviruses, and the many toxic chemicals of various types that have been added in increasing doses is having the same net effect…immunological and neurological damage to a large percentage of our children**. Considering the epidemic rates of developmental, emotional, immune and other chronic health problems we see today, one must consider that the escalating rates of all of those conditions also parallel the increases in the dose schedules of vaccines over the last 30 years. This document will show strong evidence to that effect.

# HUMAN DNA FROM ABORTED FETAL CELLS

## Where does the human DNA come from and what problems can it cause?

Once again, referring to the 2011 study done by Dr. Helen Ratajczak called **Theoretical aspects of autism: Causes–A review**. It was published in the ***Journal of Immunotoxicology***. In this study, Dr. Ratajczak studied the problems associated with injecting human tissue into another person. Please see the CBS report on this study. **In this CBS report it says:** Ratajczak also looks at a factor that hasn't been widely discussed: human DNA contained in vaccines. That's right, human DNA. Ratajczak reports that about the same time vaccine makers took most thimerosal out of most vaccines (with the exception of *multi-dose* flu shots (Hep B and which still widely contain thimerosal), they began making some vaccines using human tissue. Ratajczak says **human tissue is currently used in 23 vaccines**. **She discusses the increase in autism incidences corresponding with the introduction of human DNA to MMR vaccine, and suggests the two could be linked. Ratajczak also says an additional increased spike in autism occurred in 1995 when chicken pox vaccine was grown in human fetal tissue.**
http://www.tandfonline.com/doi/full/10.3109/1547691X.2010.545086

**Why could human DNA potentially cause brain damage? The way Ratajczak explained it to me: "Because it's human DNA and recipients are humans, there's homologous recombination. That DNA is incorporated into the host DNA. Where is this most expressed? The neurons of the brain. Now you have body killing the brain cells and it's an ongoing inflammation. It doesn't stop, it continues through the life of that individual."**

**IMPORTANTLY from the article in the *Journal of Immunotoxicology*: "The human DNA from the vaccine can be randomly inserted into the recipient's genes by homologous recombination, a process that occurs spontaneously only within a species. Hot spots for DNA insertion are found on the X chromosome in eight autism-associated genes involved in nerve cell synapse formation, central nervous system development, and mitochondrial function** (Deisher, 2010**). This could provide some explanation of why autism is predominantly a disease of boys. Taken together, these data support the hypothesis that residual human DNA in some vaccines might cause autism."**

**Who is Dr. Ratajczak and why is she so qualified in this area?** Throughout her illustrious career, she focused on immunology and toxicology with an emphasis on hypersensitivity.

According to Catherine J. Frompovich, in an excellent and telling interview with Dr, Ratajczak posted on Vactruth.org. Dr. Ratajczak worked at the IIT Research Institute in Chicago and was the leader of the Immunology Group. Research there included designing and performing hypersensitivity testing, studying the chronobiology of immunologic endpoints in the mouse and directing the research of graduate students. She also taught applied immunology to graduate students at IIT.

Former positions that Dr. Ratajczak occupied in her long career included working at medical schools where she studied a mouse model of breast cancer, immunology of the eye, and hypersensitivity pneumonitis in the rabbit model of farmers' lung disease. Her PhD research was on respiratory syncytial virus in a golden Syrian hamster model. The research for her MS degree was on rheumatoid arthritis in the human. Her BS degree was in chemistry with a mathematics and physics minor.

With such impeccable credentials, Dr. Ratajczak is more than qualified to discuss immunological and hypersensitivity issues currently surrounding mandatory vaccinations for infants, toddlers, and teens in the United States. Her work in recent years has been in the autism field. You can read an excellent three part 2011 interview by Catherine J. Frompovich, posted on vactruth.org's web site here.... https://vactruth.com/2011/06/06/part-1-of-3-an-interview-about-vaccines-with-helen-v-ratajczak-phd/

## How the increased rates of autism correlate with the inclusion of aborted human fetal cell lines and retroviruses into vaccines?

A landmark study published in 2014 in the prestigious ***Journal of Public Health and Epidemiology*** titled, **Impact of Environmental Factors on the Prevalence of Autistic Disorder after 1979** was the first to **show significant data point increases in the prevalence of autism corresponding with introduction of fetal cell line tissues and retroviruses into vaccines in the U.S. The same correlation was also found in the U.K., Western Australia and Denmark when those elements were introduced. The vaccines that**

**added these fetal tissues were the MMR, the Hepatitis A and B, and the Varicella (chickenpox) vaccine.** http://www.academicjournals.org/journal/JPHE/article-full-text/C98151247042

**From the summary:**
"Autistic disorder change points years are coincident with introduction of vaccines manufactured using human fetal cell lines, containing fetal and retroviral contaminants, into childhood vaccine regimens. This pattern was repeated in the US, UK, Western Australia and Denmark. Thus, rising autistic disorder prevalence is directly related to vaccines manufactured utilizing human fetal cells."

## The infamous "hockey stick" shape in the rise of autism when human fetal cell lines were introduced

A 2014 article published in the **Journal of Public Health and Epidemiology** titled, **Impact of environmental factors on the prevalence of autistic disorder after 1979**, produces convincing evidence of the effects of human fetal cell lines on the "change point" where the incidence of autism rose sharply in the late 1980s. https://academicjournals.org/journal/JPHE/article-full-text-pdf/C98151247042

**The spikes in autism produced what is called a hockey stick appearance with a steep increase starting at the time of introduction of these cells. You can see the graphs on pages 4 & 5 of the article.**

**These findings are quite alarming as many of today's vaccines have several different fetal cell lines. As mentioned previously, to see which vaccines contain them you simply need to go to the CDC's website and type in vaccine ingredients, or go here >**
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

**More from the study…**
"**In 1979, coincident with the first autism disorder change point, vaccine manufacturing changes introduced human fetal DNA fragments and retroviral contaminants into childhood vaccines** (Victoria et al., 2010). While we do not know the causal mechanism behind these new vaccine contaminants and autistic disorder, **human fetal DNA fragments are inducers of autoimmune reactions, while both DNA fragments and retroviruses are known to potentiate genomic insertions and mutations** (Yolken et al., 2000; Kurth 1998; U S Food and Drug Administration 2011). **Infants and children are almost universally exposed to these additional vaccine components/contaminants, and these converging events are associated with rising autistic disorder in a dose-de-pendent fashion due to the increasing numbers of human fetal manufactured vaccines which have been added to the US immunization guidelines, including Pentacel®, which since 2008, contains inactivated polioviruses grown on the MRC-5 human fetal cell line. Pentacel® is recommended for children at 2, 4 and 6 months of age, and may account for the recent idea that scientists have become more adept at diagnosing autism at younger age. Diagnosis at younger age may more likely be the result of introducing human fetal cell vaccine contaminates to younger children**."

**** In addition, let's not forget that shortly after 1999 when mercury was being phased out, aluminum exposure was increasing.***

## A pioneering effort in doing research and demanding more scientific scrutiny be done on potential dangers of using vaccines with fetal DNA

**Dr. Deisher, founder of *Sound Choice Pharmaceutical Institute*** is at the forefront of pushing for scientific scrutiny and accountability in the area of the use of human DNA and retroviruses in vaccines, drugs and cosmetics. https://www.soundchoice.org/

**From her Bio…** Dr. Theresa Deisher's career has focused on discovering and developing new therapies for grievous human illness. **Dr. Deisher obtained her PhD in Molecular and Cellular Physiology from Stanford University and has spent over 20 years in commercial biotechnology**, working with companies such as Genentech, Repligen, ZymoGenetics, Immunex and Amgen, prior to founding AVM Biotechnology and Sound Choice Pharmaceutical Institute (SCPI). AVM Biotechnology is the marquee prolife biotech company worldwide, certifying that it does not use morally illicit material in any process. SCPI's mission is to end human trafficking in biomedical research.

**Dr. Deisher is an inventor on 23 issued US patents,** and her discoveries have led to clinical trials of FGF18 for osteoarthritis and cartilage repair, and for Factor XIII for surgical bleeding. Dr. Deisher was the first person to discover adult cardiac derived stem cells and has been a champion of adult stem cell research, both professionally and privately, for two decades. **Dr. Deisher was a plaintiff in the US federal lawsuit to prohibit use of federal tax payer dollars for embryo destructive research, which was instrumental in steering science towards adult stem cell research, which has led to 14 US FDA approved adult stem cell products and the Washington Post Dec 2013 headline "Scientists go ethical in 2013".**

## Pointed and serious questions about human DNA fragments in vaccines are being levied at the pharmaceutical industry by scientists

Dr. Theresa Deisher has called into question several serious issues that the pharmaceutical industry has no answers for.

The article posted on July 28, 2017 on Sound Choices web site titled, **SOUND CHOICE SCIENTISTS SPEAK UP ON VACCINE OUTRAGE**, points to the tone deafness of big pharma and the government on matters of grave health and bioethics concerns. http://soundchoice.org/newsletter-march-2017/

**One-point Dr. Deisher argues, is that the studies looking at mercury and the MMR vaccines have missed the forest for the trees. The research done by her and her group of scientists has determined that it is the human fetal DNA fragments from the aborted babies used to culture several of the vaccines, including the MMR vaccine that are triggering autoimmune reactions in susceptible individuals given these vaccines.**

This link from that article to a letter Dr. Deisher submitted Testimony on ***Conscience Rights related to biologic drug disclosure and alternative drugs***.
https://bioethicsarchive.georgetown.edu/pcbe/transcripts/sept08/deisher_statement.pdf

I've dedicated a couple of pages to this document, because of the highly important nature of the questions and issues that she raises. **Every person, no matter what your position on vaccines should be very concerned about the "trojan horse" implications of what is being put into our vaccines, biologics, medicines and even food additives.**

## Moral and ethical questions

**In her opening statement she outlines the informed consent aspect of the issue:**
"I would like to discuss Fair Labeling and Informed Consent for our medicines, and to ask for your support for studies to examine the health consequences of having contaminating aborted fetal human DNA in our medicines and vaccines. It is a matter of conscience, whether for moral reasons or safety concerns, that a consumer should be informed of the source of contaminants in our medicines, and of alternative medicines that may be available that would not be morally or philosophically objectionable to them."

**She does a fantastic job of articulating** serious questions that as of yet the pharmaceutical industry, the CDC, FDA and other governmental agencies have yet to address:

"When pharmaceutical companies switched from using animal cell lines to using aborted human fetal cells lines to produce these vaccines, in the mid to late 1970s, they assumed, without any evidence, that using aborted fetal cells would result in a more efficient production system. Brief discussions about potential adverse health consequences of using aborted human cell lines for vaccine production were captured in minutes from FDA advisory meetings about this switch. **However, no studies have been done to actually measure the extent of those potential adverse consequences.**"

"Vaccines and biologics (engineered proteins as drugs) are too large to make in a test tube, so companies harness the normal machinery used to make these, cells. No final drug is ever completely 'pure' and **you will find contaminating DNA and cellular debris from the production cell in your final product. When we switch from using animal cells to using human cells we now have human DNA in our vaccines and our drugs."**

"Shouldn't parents and grandparents know that when they immunize their children with a particular vaccine they are also injecting their children with **DNA from an aborted fetus**? Yet there are no laws that require drug manufacturers to inform the public of this. The package insert for the MMR II vaccine (mumps, measles, rubella) states : "MERUVAX* II (Rubella Virus Vaccine Live), the Wistar RA 27/3 strain of live attenuated rubella virus propagated in WI-38 human diploid lung Fibroblasts", **but doesn't tell you that contaminating DNA from the WI-38 propagation strain is found in the final product.** The package insert for Varivax, a chickenpox vaccine, states that the vaccine contains "residual

components of MRC-5 cells including DNA and protein", but how many parents or grandparents, let alone pediatricians and pharmacists, would know that MRC-5, or WI-38, is a cell line derived from an aborted fetus, and that **the contaminating DNA and protein listed on the package insert is the DNA and protein of an aborted fetus? If we have the legal right to know what is in our Big Macs, don't we have the right to know what is in our vaccines and medicines?"**

## The dangers of contaminating human DNA in our medicines and food

"**Contaminating human DNA in these vaccines has the potential to trigger auto-immune responses and also the potential to become incorporated into our own genes, a process called homologous recombination**."

"How might the human DNA contaminated vaccines contribute to human disease? First, there is the potential for the contaminating DNA to be mixed with our own genes by a process called homologous recombination. **Homologous recombination is an established biologic phenomenon in which a segment of a cell's DNA is substituted by another segment of DNA that is similar.** This can occur during cell division or DNA repair. Homologous recombination occurs naturally to create genetic diversity in our offspring and is also conveniently harnessed by scientists to introduce experimental DNA into cells or animals. We do not yet know if this occurs with the contaminating human DNA found in some of our vaccines, and if so, to what extent**. Imagine the potential consequences of human DNA from a vaccine, a vaccine that is given to children at an average age of 15 months, being incorporated into a child's developing brain. One does not need to be a rocket scientist to know that this potential has to be studied.**"

"In addition to the potential for homologous recombination, **DNA is known to be a powerful immune stimulant**. **Diseases like graft versus host, juvenile (type I) diabetes, multiple sclerosis, lupus and some forms of arthritis are what are called auto-immune diseases. What these are diseases driven by immune attack from our own immune system on our own organs, a system normally responsible to attack invading bacteria and pathogens. Targeted self-destruction, if you will. Science does not yet know, except for graft versus host disease, what triggers the auto-immune attack. We certainly lack studies that have examined the relationship between immune responses to human DNA containing vaccines and auto-immune diseases."**

"I would ask all of you to **support FLICA legislation, Fair Labeling and Informed Consent**, to insure that consumers, whether for moral, philosophical or safety reasons, KNOW what they are giving their children in vaccines. The FLICA legislation would require not only informed consent, but education of each parent about alternative vaccines. With the approval of the creation of HUMAN-ANIMAL hybrids by the UK this past spring, this legislation is now gaining bipartisan and pro-choice support. Wouldn't you want to know if your medicine contained DNA from a human-animal hybrid?"

**"Aborted human DNA in our vaccines is not the end, it is only the beginning, as the creation of human-animal hybrids demonstrates. A new aborted fetal cell line has been developed, called PerC6,** and licenses have been taken by over 50 partners, including the NIH and the Walter Reed Army Institute, to

use this cell line for new vaccine and biologics production. The goal of the company that created the PerC6 is to become the production cell line for ALL vaccines, therapeutics antibodies, biologic drugs and gene therapy. **We must know the consequences of contaminating human DNA before we wake up and discover that all newly approved recombinant drugs are produced by aborted fetal cells."**

"**Aborted fetal cells are also now used to discover new food additives and flavor enhancers.** Imagine that; the cells from an aborted fetus used to make your candy sweeter. Isn't that disgusting? And furthermore, as the company that performs this research states, **one may never know these additives will someday be in our food products due to the current labeling guidelines which would allow these new additives to be captured under the generic label of 'artificial flavors'."**

*As a point of clarification, according to Debi Vinnedge the Director of COGforlife, there is no residual DNA in the end-product of the flavorings. The cell lines are used in the testing process.

## Highly qualified scientist makes the strong case for the dangers of using human fetal tissue to grow viruses for vaccines

The years 2018 and 2019 have seen an unprecedented attack on rights of citizens to make their own free choices when it comes to the drugs and biologicals that the government wishes to force on them and their children. One of those battlefronts is the rights to religious freedom regarding vaccines and the removal of vaccine exemptions for religious beliefs. One such moral and ethical argument is that several vaccines contain human DNA from aborted babies. When those vaccines are administered, that DNA enters the body of the recipient and can combine with the recipient's DNA. The thought of injecting the DNA from a baby that was aborted into one's body or that of their children is entirely reprehensible to many people of faith, including myself. As if that isn't bad enough, the fact that the child was aborted and then used for commercial purposes for financial gain by the pharmaceutical industry makes it that much worse. That is the moral and ethical dilemma that so many people face today. In addition, there is an ominous and dangerous health dilemma that people also need to be aware of. That is, how does the body react to this foreign human DNA? Well, it so happens that it reacts very differently than it would to bovine (cow), porcine (pig) or the DNA of other non-human species.

In an open letter to legislators dated April 08, 2019, Dr. Theresa Deisher explains the dangers of fetal human DNA in vaccines and its connection to autoimmune disease and autism. And she backs it up with the references to the science supporting her assertions. It is an excellent prosecution of the health ramifications. Dr. Deisher is a brilliant woman. **You may recall that Dr. Deisher obtained her PhD in Molecular and Cellular Physiology from Stanford University, has spent over 23 years in the biotechnology field and is an inventor on 23 U.S. Patents**.

Rather than including selected excerpts here, I highly recommend that anyone that doubts the extreme gravity of the threat this practice poses, follow this link and read this compelling letter for themselves. https://www.soundchoice.org/open-letter-to-legislators/

## In some cases, ethical alternatives to vaccines tainted by aborted fetal DNA are available

For individuals willing to consent to vaccines and the other ingredients, except for their religious or ethical beliefs regarding the use of aborted fetal cell line DNA, there are alternative vaccines in some cases. This document produced (and updated as of November 2017), by ***Children of God for Life*** shows all of the vaccines that contain DNA from aborted babies and which do and do not offer ethical alternatives. https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf

## Another option is to allow for the separation of the Measles, Mumps and Rubella Vaccine into individual vaccines like they used to be here and are still available in various countries around the world- Why not the U.S.?

According to the ***W.H.O.*** report titled, **Observed Rate of Vaccine Reactions –MMR Vaccines** – 2014:

**Monovalent vaccines:**
**Measles:** "Numerous live attenuated measles vaccines, most derived from the Edmonston strain, are currently produced worldwide….."

**Mumps:** "More than ten live attenuated mumps vaccine strains (Jeryl Lynn, Urabe, Hoshino, Leningrad-3, L-Zagreb, Miyahara, Torii, NK M-46, S-12 and RIT 4385) have been used throughout the world. The Jeryl Lynn strain is used in many countries. Most vaccines contain 25 μg of neomycin per dose. Several manufacturers in Japan and Europe produce a mumps vaccine containing the Urabe Am9 virus strain. However, concerns about vaccine-associated meningitis prompted several countries to stop using Urabe vaccine strain (WER 1992). Other vaccines have more limited distribution."

**Rubella:** "Most live attenuated rubella vaccines used throughout the world contain the RA 27/3 virus strain (Plotkin, 1965). Exceptions are vaccines produced in China (BRD2 virus strain) and Japan (Matsuba, Takahashi, and TO-336), produced on rabbit kidney cells, and the Matsuura strain, produced on quail embryo fibroblasts.
https://www.who.int/vaccine_safety/initiative/tools/MMR_vaccine_rates_information_sheet.pdf

## 2019 study demonstrates that using aborted fetal tissue to produce the Rubella Vaccine is unnecessary

This 2019 study from the journal ***Human Vaccines and Immunotherapeutics*** titled, **Immunogenicity and safety of the new MMR vaccine containing measles AIK-C, rubella Takahashi, and mumps RIT4385 strains in Japanese children: a randomized phase I/II clinical trial**, showed that the alternative strains cultured on quail eggs and rabbit kidney cells, can be as effective and could solve the moral, ethical and

religious dilemma that so many people have with the Rubella portion of the MMR vaccine using aborted fetal tissue marketed in the U.S.. https://www.ncbi.nlm.nih.gov/pubmed/30724658

**From the Abstract:**
"Domestic measles, mumps, and rubella combined (MMR) vaccines were discontinued in 1993 in Japan because of the unexpected high incidence of aseptic meningitis. The introduction of an effective MMR vaccine with lower reactogenicity has been expected. A new MMR vaccine (JVC-001) was developed, using mumps RIT4385 strain in combination with Japanese measles AIK-C strain and rubella Takahashi strain (MR) vaccine."

"Seroconversion rates of measles and rubella were both 100%."

**As this study mentioned, the MMR vaccine was introduced in Japan in 1989 and was withdrawn in 1993 due to unexpectedly high rates of aseptic meningitis associated with the mumps Urabe AM 9 strain. One in 900 children developed serious adverse reactions, a rate 2,000 times higher than expected.** The fact that countries like Japan, who abandoned that version of the MMR Vaccine due to serious adverse reactions associated with it, have gone to monovalent vaccines **and have developed alternatives to the Rubella portion grown on rabbit or quail tissues, shows that it can be done successfully**. Instead we are still using a Rubella Vaccine containing human DNA. **Again I have to ask, if Japan can offer an alternative Rubella vaccine to the WI-38 cell line, which is propagated on the tissue of the aborted fetus, why can't that be offered in the U.S.?**

## The success of the Japanese version of the MMR was known nearly 30 years ago

One of the original studies showing the effectiveness and promise of the replacement MMR Vaccine was published in ***The American Journal of Diseases of Children*** in 1990. The study is titled, **A new combined trivalent live measles (AIK-C strain), mumps (Hoshino strain), and rubella (Takahashi strain) vaccine. Findings in clinical and laboratory studies**.
https://www.ncbi.nlm.nih.gov/pubmed/?term=2198807

**From the Abstract:**
"Trivalent virus vaccine, containing measles AIK-C strain, mumps Hoshino strain, and rubella Takahashi strain, was administered to a total of 1369 healthy children, 8 months to 18 years of age."

"Inoculation induced sufficient serological responses: 99.7% for measles and rubella viruses and 96.3% for mumps virus. The incidence of febrile reaction (greater than or equal to 37.5 degrees C axillary temperature) was low, 15.9%, and a temperature of 39.0 degrees C or higher occurred in only 1.3% of the subjects."…. "The seroconversion rate, magnitude of antibody titers, and incidence of clinical reactions following the trivalent vaccination were similar to those occurring after the monovalent measles vaccination."

# A third reason is that statistics show a strong correlation to <u>the ever-increasing number of doses</u> and an increasing incidence of autism

## A 2018 article on World Mercury Project's web site, highlights that Canadian Government records of autism rates in various provinces and territories correlate with number of doses of vaccines given

On April 26, 2018, Robert F. Kennedy Jr.'s organization World Mercury Project published an article titled, **<u>Official Canadian Data Show That There Is More Autism in Regions Where Vaccine Coverage Is Highest</u>**. The article points to some very interesting correlations related to vaccine coverage and rates of immunization. Interestingly, both documents referenced were released from the ***Public Health Agency of Canada***. The 2013 data regarding the statistics about the percent of children receiving 11 different vaccinations and the compliance with the vaccine schedule, comes from the May 2016 release by the ***Public Health Agency of Canada*** of the report titled, **<u>VACCINE COVERAGE IN CANADIAN CHILDREN RESULTS FROM THE 2013 CHILDHOOD NATIONAL IMMUNIZATION COVERAGE SURVEY (CNICS)</u>**.
http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/immunization-coverage-children-2013-couverture-vaccinale-enfants/alt/icc-2013-cve-eng.pdf

The 2015 data regarding the rates of autism comes from the March 2018 release by the ***Public Health Agency of Canada*** of a report titled, **<u>AUTISM SPECTRUM DISORDER AMONG CHILDREN AND YOUTH IN CANADA 2018- A REPORT OF THE NATIONAL AUTISM SPECTRUM DISORDER SURVEILLANCE SYSTEM</u>**
https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018/autism-spectrum-disorder-children-youth-canada-2018.pdf

**From the World Mercury Project article:**
"The Canadian public had been expecting the ***Public Health Agency of Canada*** to release these first-ever nationally representative ASD numbers since 2016. The data come from the National ASD Surveillance System (NASS), which, according to the Public Health Agency, is intended to pinpoint the number of young people diagnosed with ASD "both across regions and over time." The Agency's report provides answers on both fronts—showing steady increases in ASD prevalence since 2003 and notable differences across regions—but the document declines to speculate on factors that might account for the regional differences."

"NASS compiles administrative data from the health, education and social services sectors for children and youth (aged 5-17 years) who have a confirmed ASD diagnosis. Seven of Canada's 13 provinces and territories provided information for 2015, including six provinces (British Columbia, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island and Quebec) and one territory (Yukon). As the figure below *(figures are located in the article at **the World Mercury Project** link below)* **<u>shows,</u>**

**ASD prevalence in 2015 varied among the seven regions, with the highest prevalence noted in the three provinces of Newfoundland and Labrador (1 in 57), Prince Edward Island (1 in 59) and Quebec (1 in 65). In comparison, prevalence was substantially lower in the Yukon territory (1 in 125).**"

**The report shows between a 227% and a 349% increase in autism rates of the most highly vaccinated provinces over the 6 to 12-year periods studied!**

"The three high-prevalence provinces also provided retrospective data that allowed for an assessment of temporal trends. For the slightly narrower age group of 5-14 year olds, the historical data showed sizeable increases in ASD prevalence from 2003 to 2015 (Prince Edward Island and Quebec) and from 2003 to 2009 (Newfoundland and Labrador):

- Newfoundland and Labrador: from 6 to 19.6 per 1,000 **(a 227% increase)**
- Prince Edward Island: from 5 to 17.7 per 1,000 **(a 254% increase)**
- Quebec: from 3.5 to 15.7 per 1,000 **(a 349% increase)"**

When the Data from the Autism statistics report was cross referenced with the report released earlier (the vaccination compliance report), the correlation was quite striking! There are 2 graphs in the **World Mercury Project Report** that show this visually. The first shows the rates of autism ad the second shows the rates of vaccination coverage in 2-year olds living in the different geographic regions, for 11 different vaccines. The highest rates of vaccine coverage were in Newfoundland and Labrador. The lowest rates of vaccine coverage were in the Yukon Territory. **As mentioned above, Newfoundland and Labrador had an autism rate of 17.5 per 1,000 children (1 in 57). The Yukon had a rate of 8 per 1,000 (1 in 126), nearly half the rate of Newfoundland and Labrador. The Province of New Brunswick with the second lowest vaccination coverage had the second lowest rate of autism at 12.6 per 1,000 (1 in 79)**. As the article states, correlation does not always mean causation, but it does warrant further NON-BIASED investigation, especially since the differences are so dramatic and linear.
https://worldmercuryproject.org/news/official-canadian-data-show-that-there-is-more-autism-in-regions-where-vaccine-coverage-is-highest/

## Number of vaccine doses correlates with rates of autism and speech and language impairment in the U.S.

A 2011 study published in the ***Journal of Toxicology and Environmental Health*** titled, **A positive association found between autism prevalence and childhood vaccination uptake across the U.S. population**, make the strong assertion that the number of vaccines directly correlates to the rates of autism. https://www.ncbi.nlm.nih.gov/pubmed/21623535

**The Abstract:**
"The reason for the rapid rise of autism in the United States that began in the 1990s is a mystery. Although individuals probably have a genetic predisposition to develop autism, researchers suspect that one or more environmental triggers are also needed. **One of those triggers might be the battery of vaccinations that young children receive.** Using regression analysis and controlling for family income

and ethnicity, the relationship between the proportion of children who received the recommended vaccines by age 2 years and the prevalence of autism (AUT) or speech or language impairment (SLI) in each U.S. state from 2001 and 2007 was determined. **A positive and statistically significant relationship was found: The higher the proportion of children receiving recommended vaccinations, the higher was the prevalence of AUT or SLI. A 1% increase in vaccination was associated with an additional 680 children having AUT or SLI.** Neither parental behavior nor access to care affected the results, since vaccination proportions were not significantly related (statistically) to any other disability or to the number of pediatricians in a U.S. state. **The results suggest that although mercury has been removed from many vaccines, other culprits may link vaccines to autism. Further study into the relationship between vaccines and autism is warranted**."

**The authors of this study could not have been more clear and direct than that!**

# ALUMINUM

## Another reason beyond mercury and human fetal DNA that autism rates continue to rise, is the Increasing use of aluminum as an adjuvant in vaccines is a MAJOR issue

### Aluminum is a toxic metal like mercury. Is it Safer? Scientists say a resounding NO!

**One thing I hear repeatedly in the media is "mercury has been removed from vaccines". This statement is designed to reassure the public that a toxic metal no longer resides in their vaccines. This false sense of security is based on a half-truth. Yes, mercury has been removed from many vaccines, but the use of aluminum as a vaccine adjuvant has far exceeded the maximum threshold of exposure mercury had ever achieved. And in fact, aluminum has been shown to be significantly more neurotoxic (up to 7X more!).**

**Before diving into the mountain of evidence proving aluminum's toxicity, how prevalent is the evidence linking aluminum and toxicity?**

## An August 9th, 2018 PubMed search of the key words Aluminum and toxicity revealed 5,262 articles!

Just the sheer number of scientific articles dedicated to the toxicity of aluminum, doesn't shout safe to me. In fact, as one scrolls through the titles and samples some of the abstracts that come up, you would be shocked as to the level of insistence by scientists of the significant toxicity of aluminum in the human body. If you do that search, you will see the results by year graphic on the right. By running your cursor over the columns in the graphic, you can see how many articles have been posted annually. As you will see, most of these articles have been produced since 2005 **with 298 produced in 2016 alone**. **With the growing body of evidence linking aluminum to neurological and immunological damage in the human body over the last decade, there is NO excuse for vaccine manufacturers continued use in vaccines**. **You will see plenty of evidence of what I am talking about in the remainder of this document. You will hear from numerous researchers and scientists, as they call for a ban of mercury and aluminum from ALL vaccines!**

## Aluminum produces 7 times more Reactive Oxygen Species (dangerous free radicals), than mercury

### What are Reactive Oxygen Species, why are they so dangerous and how does that relate to vaccine damage?

**Definition of Reactive Oxygen Species (ROS)** = A very unstable and reactive molecule that contains oxygen and easily reacts with other molecules in a cell by robbing electrons and destabilizing those molecules. A build-up of reactive oxygen species in cells may cause damage to DNA, RNA, and proteins, and may cause cell death. Reactive oxygen species are also referred to as free radicals. They are also called oxygen radicals. Examples include hydroxyl radicals, superoxide radicals, peroxides and singlet oxygen. The damaging effects of oxygen free radicals on molecules and thus on cells, is called oxidative stress.

In this next study, **they tested the production of ROS in human nerve cells by different metals. ROS produced by vaccine adjuvants have been implicated in the development of neurological and immunological impairments in children seen after administration of vaccines.** They have also been implicated in progressive, long-term neurodegenerative diseases such as Alzheimer's, Dementia, Parkinson's and ALS (Lou Gehrig's Disease).

The 2012 study published in the ***International Journal of Molecular Sciences*** titled, **Metal-Sulfate Induced Generation of ROS in Human Brain Cells: Detection Using an Isomeric Mixture of 5- and 6-Carboxy-2',7'-Dichlorofluorescein Diacetate (Carboxy-DCFDA) as a Cell Permeant Tracer** *(that sounds way above my pay grade-ha).* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3431818

**From that abstract:**
"We introduced pathological stress using the sulfates of 12 environmentally-, industrially- and agriculturally-relevant divalent and trivalent metals including **Aluminum**, Cadmium, Copper, Iron, **mercury**, Gallium, Magnesium, Manganese, Nickel, Lead, Tin and Zinc. In this experimental test system, of all the metal sulfates analyzed, **aluminum sulfate showed by far the greatest ability to induce intracellular ROS."**

**"…and aluminum was determined to stand out among all the ions studied for its remarkable ability to induce ROS, even compared with mercury and lead. Aluminum induced a response that was a factor of seven higher than that of mercury and a factor of three higher than that of lead."**

## The same study identifies Aluminum as toxic to genes (DNA and RNA)

**Genotoxicity** is defined as a destructive effect on a cell's genetic material (DNA, RNA) affecting its integrity. Genotoxins are mutagens; they can cause mutations.

"**Besides being toxic to the human reproductive system, mucous membranes, skin, eyes, and urinary s, aluminum sulfate is intensely genotoxic**."

**The article also states the combination of these metals (such as aluminum and mercury found in many vaccines) can be "additive or synergistic", meaning it can multiply the effects of the ROS. This is addressed in this document on pages 236-237.**

## Aluminum exposure including from vaccines, causes a wide array of neurological and autoimmune disorders

A 2013 study published in the Journal ***Immunologic Research*** titled, **Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity**, clearly demonstrated the negative neurological and autoimmune generating impacts of aluminum across all ages, including the number of aluminum containing vaccines and the rate of autism spectrum disorders. https://www.ncbi.nlm.nih.gov/pubmed/?term=23609067

**From the abstract:**
"We have examined the neurotoxicity of aluminum in humans and animals under various conditions, following different routes of administration, and provide an overview of the various associated disease states. **The literature demonstrates clearly negative impacts of aluminum on the nervous system across the age span. In adults, aluminum exposure can lead to apparently age-related neurological**

**deficits resembling Alzheimer's and has been linked to this disease and to the Guamanian variant, ALS-PDC. Similar outcomes have been found in animal models. In addition, injection of aluminum adjuvants in an attempt to model Gulf War syndrome and associated neurological deficits leads to an ALS *(Lou Gehrig's Disease),* phenotype *(expression)* in young male mice. In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders. Many of the features of aluminum-induced neurotoxicity may arise, in part, from autoimmune reactions, as part of the ASIA syndrome**."

# There are massive amounts of aluminum in childhood vaccines!

## The amount of aluminum in the Hepatitis B vaccine is 14 X what the FDA approves

At birth, most children are given **the hepatitis B vaccination which contains 250 mcg. of aluminum**. The amount of aluminum in the Hepatitis B vaccine alone, is almost **14 TIMES THE AMOUNT OF ALUMINUM THAT IS FDA-APPROVED. But, as you will read in this next section, IT GETS MUCH WORSE AS MULTIPLE VACCINES CONTAINING HIGH LEVELS OF ALUMINUM ARE PILED ON!**

**So, we learn from those FDA documents that if a premature baby receives more than 10 mcg of aluminum in an IV, it can accumulate in their bones and brain, and can be toxic.**

**The FDA maximum** restrictions for aluminum received in an IV **is 25 mcg**. The suggested aluminum per kg (2.2 pounds), of weight to give to a person is up to 5mcg/day. **(so, a 5-pound baby *should* get no more than 11 mcg of aluminum.)**

All I.V. products given for parenteral nutrition are required to contain less than 25 mcg of aluminum. In addition, all products are to have a warning on the label that reads:

***WARNING:*** *This product contains aluminum that may be toxic.* ***Aluminum may reach toxic levels with prolonged parenteral administration if kidney function is impaired. Premature neonates are particularly at risk because their kidneys are immature****, and they require large amounts of calcium and phosphate solutions, which contain aluminum.*

*Research indicates that patients with impaired kidney function,* ***including premature neonates, who receive parenteral levels of aluminum at greater than 4 to 5 [micro]g/kg/day accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration. (My comment: Tissue loading is exactly what happens when multiple vaccines containing aluminum are given over a period of time).***
*[http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=201.323]*

The FDA page containing this information was last updated April 01, 2017.

**— Vaccines, for some reason, are not required to have this label and also are not required to follow the maximum dosage of 25 mcg.**

## Parenteral nutrition formulas exceed aluminum exposure to infants by 12-fold

This study was published in the ***Journal of Parenteral and Enteral Nutrition*** and titled, **Aluminum exposure from pediatric parenteral nutrition: meeting the new FDA regulation**, found that aluminum levels of exposure to infants were being far exceeded, even in products containing the lowest aluminum concentrations. https://www.ncbi.nlm.nih.gov/pubmed/18443135

The following quote came from a 2011 study published in the Journal of Pediatric Pharmacology and Therapeutics titled, **Aluminum in Pediatric Parenteral Nutrition Products: Measured Versus Labeled Content.**

"A 2006 study by Poole et al., calculated the expected daily aluminum exposure from pediatric PN solutions based on the manufacturer-stated aluminum concentration. Even when selecting products allegedly containing the lowest aluminum concentration, expected average aluminum exposure in infants was 59.9 mcg/kg/day, exceeding the FDA recommended limit by a 12-fold measure. The FDA's recommended limit of 5 mcg/kg/day was only feasible in patients weighing over 50 kg." ***(For reference 50 kg is 110 pounds!)***
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3208446/#i1551-6776-16-2-92-b15

# Let's do the math. How much aluminum is in childhood vaccines?

So, doing some math — the following are examples of weight with their corresponding **maximum** levels of aluminum, **per the FDA**:

- **8-pound**, healthy baby: **18.16 mcg of aluminum**
- **15-pound**, healthy baby: **34.05 mcg of aluminum**
- **30-pound**, healthy toddler: **68.1 mcg of aluminum**
- **50-pound**, healthy child: **113 mcg of aluminum**
- **150-pound** adult: **340.5 mcg of aluminum**
- **350-pound** adult: **794.5 mcg of aluminum**

## How much aluminum is in the vaccines that are routinely given to children and what do those amounts total?

- **Hib** (PedVaxHib brand only) – 225 mcg per shot **(and up to 4 doses are recommended by 18 months, equivalent to 775-900 mcg!)**
- **Hepatitis B** – 250 mcg **(and 3 doses are recommended by 12 months, equivalent to 750 mcg!)**
- **DTaP** – depending on the manufacturer, ranges from 170 to 625 mcg **(and 3 doses are recommended by age 1 and a 4th by age 15 months, equivalent to up to 2,500 mcg!)**
- **Pneumococcus** – 125 mcg **(and 4 doses are recommended by age 1, equivalent to 500 mcg!)**
- **Hepatitis A** – 250 mcg **(and 1 dose is recommended at age 1 and another 6 months later, equivalent to 500 mcg!)**
- **HPV** – 225 mcg (1st dose recommended at age 11-12, but says can start as early as age 9- **up to 3 doses total equivalent up to 675 mcg)**
- **Pentacel** (DTaP, HIB and Polio combo vaccine- 5 different vaccines in one shot) – **330 mcg**
- **Pediarix** (DTaP, Hep B and Polio combo vaccine- 5 different vaccines in one shot) – **850 mcg**

**Remember what I just said? The amount of aluminum in the Hepatitis B vaccine alone is almost 14 TIMES THE AMOUNT OF ALUMINUM THAT IS FDA-APPROVED. In addition to that, consider this!**

**At well-child check-ups, it's common for 2-month, 4-month, 6 month etc., appointments to include up to 8 vaccinations that add up to more than 1,000 mcg of aluminum in one sitting. In fact, the Pediarix Vaccine can be given as early as 6 weeks according to the package insert-** "**Immunization** with **PEDIARIX** consists of 3 doses of 0.5 mL each by intramuscular injection at 2, 4, and 6 months of age (at intervals of 6 to 8 weeks, preferably 8 weeks). The first dose may be **given** as early as 6 weeks of age."
**If a 6-week-old baby receiving the Pediarix Vaccine weighs 12 pounds or 5.5 kg., that means that the 850 mcg of aluminum they receive is 34 TIMES more than the FDA allows in I.V. nutrition in a 24-hour period! Look at the chart above and notice that that amount isn't even safe for a 350-pound adult!**

**In total, the CDC's 2018 schedule calls for up to 35 doses of 10 different vaccines in the first 18 months of life with a potential total of up to 5,825 mcg of aluminum!**
**Now consider that the average 18-month-old weighs 23-pounds. The FDA's maximum amount of aluminum given intravenously would be only 52.15 mcg for a 23-pound (10.43 kg) baby. Again, taking the example above of a 23-pound child receiving as much as 1,000 mcg of aluminum in one doctor's visit, that is 19X what the FDA allows for parenteral I.Vs.**

See the CDC vaccine schedule here: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#f6

**One of the changes in the 2018 vaccine schedule was the addition of+ 2 more doses by 15 months. One of those vaccines happens to be the 4th dose of DTaP, which depending on the manufacturer and version contains aluminum, two antibiotics that are not supposed to be used together (Neomyxin and Polymyxin B Sulfate), formaldehyde, polysorbate 80, 2-phenoxyethanol, glutaraldehyde, foreign DNA, VERO cells from monkey kidney cells, MRC-5 human diploid cells from aborted babies and many other questionable ingredients. So, by 15 months babies have had 4 doses of this toxic soup. The other one they most likely will have by 15 months is the Hepatitis A, which contains many of these same ingredients.**
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

## A recent article from the International Journal of Vaccines and Vaccination sounds the alarm of the amount of aluminum in childhood vaccines.

A 2017 article from the ***International Journal of Vaccines and Vaccinations*** titled, **Short Review of Aluminum Hydroxide Related Lesions in Preclinical Studies and their Relevance**, discusses several complications of the aluminum adjuvants found in vaccines.
https://pdfs.semanticscholar.org/2018/02108484552f4bf614e80fbf5d029e3576c2.pdf

**From the Abstract:**
"Aluminum is currently the most commonly used vaccine adjuvant. Toxicity and safety in regards to the use of aluminum adjuvants is highly controversial and also confused by conflicting study results."

"Nevertheless, aluminum is a well demonstrated toxin in biological systems and its specific impacts on the nervous system have been widely documented."

"The EMA restricted the aluminum content to **1.25 mg per human dose**. **An aluminum-containing placebo is often used while evaluating safety and efficacy of vaccine clinical trials, either containing equal or greater amount of aluminum as to the test vaccine. Without exception, these trials shown a comparable rate of adverse reactions between the placebo and the test group. According to the FDA, a placebo is "an inactive pill, liquid, or powder that has no treatment value". The established neurotoxic properties of aluminum therefore suggest that aluminum-containing formulations cannot serve as a valid placebo.**"

"….**studies with various animal models have reported aluminum hydroxide to induce motor deficits, motor degeneration and neuroinflammation**. A recent technology, taking advantage of fluorescent nano diamonds, that allows aluminum hydroxide particles to be traced in tissue have shown the progressive shrinkage of the local granuloma **and the translocation of aluminum from the injection site to draining lymph nodes, spleen and brain tissue**."

"Despite the longstanding and widespread use of aluminum adjuvants their precise mechanism of action **remains poorly understood**. The physiochemical mechanism can be described by aluminum hydroxide stimulation of the immune system by **inducing the release of uric acid, an immunological danger signal**, which strongly attracts certain types of monocytes who differentiate into dendritic cells. The antigen is carried by the dendrite cells to the lymph nodes where it stimulates T cells and B cells. Aluminum adjuvant is potent stimulators of the immune system and specially shift the immune response towards a Th2 profile." *A Th2 profile means that the immune system Is shifted towards an allergy/autoimmune propensity.*

**The article calls out pro-vaccine studies for falsely comparing orally ingested aluminum to injected aluminum**

**The way aluminum is administered makes a huge difference. The article addresses it in the following manner:** "It must also be recognized that aluminum compounds may vary in their toxic potential depending on the specific route of administration. Mice fed with aluminum hydroxide at 66.5, 133 and 266 mg Al/kg body weight /day did not reveal neuro developmental damage, **while parenteral *(Intravenous or injected)* administration of aluminum chloride in rats at 40 mg/kg bw/day caused maternal deaths, embryo lethality, growth retardation and fetal abnormalities**. **It has been concluded that dietary aluminum is very poorly absorbed, ~0.25 %, is absorbed into systemic circulation, and aluminum from vaccines may be absorbed at nearly 100%**

## What does the FDA say are "safe" levels for aluminum intravenously and how does that compare to what a child gets with their vaccinations?

One of the most important considerations when reading this part, is that the comparison of aluminum given intravenously through I.V.s correlated closely with vaccines, which are injected directly into the body. Vaccine proponents will often falsely argue that there is more aluminum in breast milk or food than in the vaccines. Even if this were true as I explain in detail in a few pages, the comparison is like comparing apples to oranges and calling them exactly the same thing. **Aluminum ingested orally is very poorly absorbed into the bloodstream (1% or less), compared to 100% with injected aluminum.**

**According to the *FDA Code of Federal Regulations Title 21, Volume 4*:**

"Aluminum may reach toxic levels with prolonged parenteral administration [this means injected into the body] if kidney function is impaired . . . Research indicates that patients with impaired kidney function, including premature neonates [babies], who received parenteral levels of aluminum at greater than 4 to 5 micrograms *(mcg)*, per kilogram of body weight per day, accumulate aluminum at levels associated with central nervous system and bone toxicity ***(for a tiny newborn, this toxic dose would be 10 to 20 micrograms, and for an adult it would be about 350 micrograms)***. Tissue loading may occur at even lower rates of administration." **[Department of Health and Human Services, Food and Drug Administration, Document NDA 19-626/S-019, Federal Food, Drug and Cosmetic Act for Dextrose Injections.]"**

## A 2016 article discussing the most commonly used aluminum adjuvant and the threat of it migrating to the brain in what researchers call a "Trojan Horse" effect. Researchers calling for "a serious re-evaluation" of the long-term effects

A 2016 study released in the journal ***Morphologie*** titled, **Aluminum adjuvants of vaccines injected into the muscle: Normal fate, pathology and associated disease**, raises serious concerns over the mechanism by which aluminum from the most commonly used aluminum adjuvant in vaccines **can migrate to lymphoid organs and the brain leading to autoimmune and neurological damage**. Incredibly, it also admits that we do not even have a good handle on the mechanisms by which it affects the immune system response. https://www.ncbi.nlm.nih.gov/pubmed/26948677

**From the Abstract:**
"Aluminum oxyhydroxide (Alhydrogel(®)) is a nano-crystalline compound forming aggregates that has been introduced in vaccine for its immunologic adjuvant effect in 1926. It is **the most commonly used adjuvant in human and veterinary vaccines but mechanisms by which it stimulates immune responses remain ill-defined**. Although generally well tolerated on the short term, it has been suspected to **occasionally cause delayed neurologic problems in susceptible individuals. In particular, the long-term persistence of aluminic granuloma also termed macrophagic myofasciitis is associated with chronic arthromyalgias and fatigue and cognitive dysfunction**. Safety concerns largely depend on the **long biopersistence** time inherent to this adjuvant, which may be related to its quick withdrawal from the interstitial fluid by avid cellular uptake; **and the capacity of adjuvant particles to migrate and slowly accumulate in lymphoid organs and the brain**, a phenomenon documented in animal models and resulting from MCP1/CCL2-dependant translocation of adjuvant-loaded monocyte-lineage cells (**Trojan horse phenomenon**). **These novel insights strongly suggest that serious re-evaluation of long-term aluminum adjuvant phamacokinetics and safety should be carried out**."

## Currently, there are 26 vaccines on the U.S. Market that contain aluminum. Some contain two forms of aluminum.

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

## Aluminum can compromise brain development and cause permanent neurological impairments

A section from the book ***A Comprehensive Guide to Autism*** titled, **Autism Spectrum Disorders and Aluminum Vaccine Adjuvants**, points the finger at aluminum as a significant contributing factor to the epidemic rates of autism.
https://link.springer.com/referenceworkentry/10.1007%2F978-1-4614-4788-7_89

**The Abstract:**

"**Impaired brain function, excessive inflammation, and autoimmune manifestations are common in autism. Aluminum (Al), the most commonly used vaccine adjuvant, is a demonstrated neurotoxin and a strong immune stimulator. Hence, adjuvant Al has the necessary properties to induce neuroimmune disorders. Because peripheral immune stimuli in the postnatal period can compromise brain development and cause permanent neurological impairments, the possibility that such outcomes could also occur with administration of Al vaccine adjuvants needs to be considered.** In regard to the risk of adjuvant toxicity in children, the following should be noted: **(i) children should not be viewed as "small adults" as their unique physiology makes them more vulnerable to toxic insults; (ii) in adult humans Al adjuvants can cause a variety of serious autoimmune and inflammatory conditions including those affecting the brain, yet children are routinely exposed to much higher amounts of Al from vaccines than adults; (iii) compelling evidence has underscored the tight connection between the development of the immune system and that of the brain. Thus, it appears plausible that disruptions of critical events in immune development may also play a role in the establishment of neurobehavioral disorders; (iv) the same immune system components that play key roles in brain development appear to be targeted for impairment by Al adjuvants. In summary, research data suggests that vaccines containing Al may be a contributing etiological factor in the increasing incidence of autism.**"

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# *THE MASSIVE INCREASE IN VACCINE DOSES & CUMMULATIVE EXPOSURE TO ALUMINUM*

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# Intravenous aluminum deemed dangerous- Why not in vaccines?

## Intravenous feeding solutions containing aluminum recognized as dangerous for infants in 1996

This article titled **Aluminum Toxicity in Infants and Children** published in in 1996, in the ***Journal Pediatrics*** **(which is the official journal for the American Academy of Pediatrics),** sounded the alarm on aluminum exposure to infants from common fluids given intravenously in the hospital. http://pediatrics.aappublications.org/content/97/3/413

**The article stated the following:**

"A number of substances commonly administered intravenously, including calcium and phosphorus salts and albumin, have high levels of aluminum. Premature infants receiving intravenous fluid therapy may accumulate aluminum and show evidence of aluminum toxicity. Efforts are being made to reduce the levels of aluminum in products added to intravenous solutions; these efforts must continue."

Isn't is strange that the American Academy of Pediatrics would be so concerned about aluminum exposure to infants in 1996, but has had nothing to say about the high levels of aluminum from multiple vaccines as new vaccines containing aluminum have been added to the schedule?

**According to the CDC's schedule as of 2009 and the product inserts from those vaccines, the average child was receiving nearly 5,000 mcg (or 5 mg) of aluminum by 18 months of age, The FDA says that anything over .85 mg of aluminum can be dangerous. Do the math yourself. The average child receives approximately 600% more aluminum from vaccines alone than the FDA deems safe**.

## Intravenous (I.V.) aluminum impacts mental development scores

This is yet another article discussing the neurotoxicity of aluminum in infants. It was published in the ***New England Journal of Medicine*** 1997 and titled, **Aluminum Neurotoxicity and Preterm Infants Receiving Intravenous Feeding Solutions**.
http://www.nejm.org/doi/full/10.1056/NEJM199705293362203#t=article

From the article:
"The former (the group with standard levels of 25 mcg/dl aluminum in the feeding solution), were significantly more likely (39 percent, vs. 17 percent of the latter group) to have a Mental Development Index of less than 85, increasing their risk of subsequent educational problems. For all 157 infants without neuromotor impairment, increasing aluminum exposure was associated with a reduction in the Mental Development Index, with an adjusted loss of one point per day of intravenous feeding for infants receiving the standard solutions."

"In infants fed intravenously for 10 or more days, those receiving the standard solutions had a major (10 point) deficit in their Mental Development Index and were twice as likely to have a Mental Development Index below 85. **These results provide support for our hypothesis that intravenous aluminum may have neurotoxic effects, longer-term consequences for neurologic development**."

"However, a substantial number of infants received little or no intravenous feeding after randomization, and explanatory **analysis showed that the effect of aluminum exposure was dose-related**."

**Conclusions: In preterm infants, prolonged intravenous feeding with solutions containing aluminum is associated with impaired neurologic development.**

To be clear, vaccines are delivered by injection and there is no reason to believe that the results would be any different than in this study. As many studies in this document reveal, metals travel from the injection site to distant parts of the body, including the organs and brain.

## A 2014 study cites the dangers of using aluminum in pharmaceutical products

A 2014 study in the journal of ***Critical Reviews in Toxicology*** titled, **Systematic review of potential health risks posed by pharmaceutical, occupational and consumer exposures to metallic and nanoscale aluminum, aluminum oxides, aluminum hydroxide and its soluble salts**, exposes the dangers of aluminum in pharmaceutical products, cites the dangers prenatally and postnatally and calls for the change in its use. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4997813/

**From the study:**
"Aluminum exposures during neonatal and pediatric parenteral nutrition (PN) can impair bone mineralization and delay neurological development. Adverse effects to vaccines with Al adjuvants have occurred; however, **recent controlled trials found that the immunologic response to certain vaccines with Al adjuvants was no greater, and in some cases less than, that after identical vaccination without Al adjuvants**." *(Cases in point, the articles cited five pages prior)*

"**The scientific literature on the adverse health effects of Al is extensive**. Health risk assessments for Al must take into account individual co-factors (e.g., age, renal function, diet, gastric pH). **Conclusions from the current review point to the need for refinement of** the PTWI, reduction of Al contamination in PN solutions, **justification for routine addition of Al to vaccines**, and harmonization of OELs *(Occupational Exposure Limits)* for Al substances."

"Given the absence of standardized quantitative measures designed to calculate the therapeutic ratio, the comparative safety and/or efficacy of Al adjuvants in these vaccines, especially in children and pregnant women (Wijnans et al. 2011), remains unknown."

"Based on results with the relatively few published controlled trials with Al adjuvants it is not clear whether routine use of Al adjuvants represents best clinical practice."

"**Of the vaccines currently registered in the United States, 12 contain Al(OH)3 and 23 contain other Al compounds**. Standard adjuvants in diphtheria, tetanus, and pertussis (DTP) and other vaccines include alum (AlK(SO4)2, Al2(SO4)3, Adju-Phos (Al(PO4)3) Imject Alum (Al(OH)3 + MgOH) and alhydrogel (Al(OH)3). The United States FDA limits the elemental Al content of a single vaccine injection to 0.85 mg a value equivalent to 2.45 mg Al(OH)3 per dose."

**Unfortunately, as we have already established that single injection limit is often far exceeded due to multiple vaccines given at a time. The other factor is that the metals continue to "seep" from the injection site for months or years after injection. This exposes the recipient to an accumulative effect into the end organ storage depots.**

## In an opinion editorial, a retired nurse astutely asks, why we aren't looking at aluminum in medical products as a way to PREVENT Alzheimer's. She also implicates vaccines.

The original opinion piece was published in the Pittsburgh Post- Gazette July 29, 2019 by ***Kenneth I. Moch*** and titled **Scientists can beat Alzheimer's**. https://www.post-gazette.com/opinion/Op-Ed/2019/07/29/Kenneth-I-Moch-Alzheimers-dementia-neurodegenerative-scientists-politicians/stories/201907290009?cid=search .

The retired nurse, ***Pat Sassano's*** response was posted August 10, 2019….. "In response to the op-ed "Scientists Can Beat Alzheimer's" by Kenneth Moch: **There was no mention made regarding finding the cause of Alzheimer's. We know that finding the cause of a disease is far more beneficial and cost effective than finding a cure.**

**Scientists and nephrologists in the 1970s were well aware that dialysis treatments were causing an irreversible dialysis dementia, an encephalopathy, from aluminum toxicity in the dialysate and oral binders required in treatment of renal failure. We removed the source of aluminum toxicity and solved the dialysis dementia problem.**

Aluminum has long been thought to play a role in the cause of Alzheimer's disease, which is the most common form of dementia. Aluminum has no known beneficial function in the human body, **and we know that it causes inflammation in the tissues in which it is deposited.**

**One of the leading scientists in aluminum toxicity found large deposits of aluminum in the donated brains of many Alzheimer's patients. One of the largest sources of aluminum is the adjuvants of many of the vaccines on the schedule of the Centers for Disease Control and Prevention. When injected, it is transported and deposited in the brain the same way it found its way into the brains of our dialysis dementia patients.**

Shouldn't we be looking at the accumulation of aluminum in the products and medications we use as a cause of the Alzheimer's problem as well as developing effective treatments to cure it?"

**This is exactly what more medical professionals need to be doing. That is questioning the status quo and asking for action on this critically important issue. If you are a medical professional reading this, it is your ethical responsibility to speak up. Millions of lives are depending on it.**

# Children have experienced a huge increase in the number of aluminum containing vaccines

## Aluminum containing vaccines have gone from four in the 1970's to seventeen today

This is an excellent 2015 article by **Dr. Joseph Mercola** titled, **The Case Against Aluminum in Vaccines**

http://articles.mercola.com/sites/articles/archive/2015/03/31/aluminum-vaccines.aspx

The article discusses that the first vaccine children receive in the USA is the hepatitis B, which contains 225 mcg of aluminum and is often given within the baby's first 48 hours of life. "This is five times the total exposure of orally absorbed aluminum through the next six months. Premature babies have to deal with this load with even lower kidney function and lots more aluminum that comes from the medications (such as I.V. feeding solutions), given in the newborns intensive care unit (NICU)."

"While mercury preservative has been mostly removed from vaccines because of its known neurotoxicity, **the levels of adjuvant aluminum have virtually no upper limit in the vaccine program**. **The number of aluminum-containing vaccines children receive today[6] has quadrupled over the past 30 years. In the 1970s, children got only four aluminum-containing vaccines in their first 18 months of life, but now they typically receive 17**."

In this article are two excellent videos. One is by ***Dr. Suzanne Humphries*** author of ***Dissolving Illusions*** explaining about the toxicity of aluminum in vaccines and ***Dr. Stephanie Seneff*** who is a brilliant researcher from ***M.I.T.*** who has published numerous articles on vaccines. Dr. Seneff does an outstanding job of explaining the vaccine autism connection.

## Simultaneous vaccines can lead to permanent alterations of brain and immune function

This is such a stunning article, from the ***Journal Lupus 2012,*** that I thought it necessary to include the whole abstract summary of the article. It is titled, **Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations.** I have bolded some text for emphasis….
https://www.ncbi.nlm.nih.gov/pubmed/?term=22235057

**Abstract:** "Immune challenges during early development, including those vaccine-induced, can lead to **permanent** detrimental alterations of the brain and immune function. Experimental evidence also shows that **simultaneous administration of as little as two to three immune adjuvants** can overcome genetic resistance to autoimmunity. In some developed countries, by the time children are 4 to 6 years old, they will have received a total of **126** antigenic compounds along **with high amounts** of aluminum (Al) adjuvants through routine vaccinations. According to the US Food and Drug Administration, safety assessments for vaccines **have often not** included appropriate toxicity studies because vaccines have not been viewed as inherently toxic. **Taken together, these observations raise plausible concerns about the overall safety of current childhood vaccination programs**. When assessing adjuvant toxicity in children, several key points ought to be considered: **(i) infants and children should not be viewed as "small adults" with regard to toxicological risk** as their unique physiology makes them much more

vulnerable to toxic insults **(Incomplete Blood Brain Barrier); (ii) in adult humans Al vaccine adjuvants have been linked to a variety of serious autoimmune and inflammatory conditions** (i.e., "ASIA" **Autoimmune Syndrome Induced by vaccine Adjuvants)), yet children are regularly exposed to much higher amounts of Al from vaccines** than adults; **(iii) it is often assumed that peripheral immune responses do not affect brain function. However, it is now clearly established that there is a bidirectional neuro-immune cross-talk that plays crucial roles in immunoregulation as well as brain function**. In turn, perturbations of the neuro-immune axis have been demonstrated in many autoimmune diseases encompassed in "ASIA" and are **thought to be driven by a hyperactive immune response; and (iv) the same components of the neuro-immune axis that play key roles in brain development and immune function are heavily targeted by Al adjuvants.**

**In summary, research evidence shows that increasing concerns about current vaccination practices may indeed be warranted. Because children may be most at risk of vaccine-induced complications, a rigorous evaluation of the vaccine-related adverse health impacts in the pediatric population is urgently needed."**

## Inappropriate comparisons of orally ingested to injected aluminum

### Ingested aluminum deemed toxic at levels much less than vaccines contain, even though vaccines go directly into the bloodstream (Ingested 0.25% absorbed vs. vaccines nearly 100%)

This article from ***Current Medicinal Chemistry*** is titled, **Aluminum vaccine adjuvants: are they safe?**
https://www.ncbi.nlm.nih.gov/pubmed/21568886

**Here is the Abstract (Summary) of their findings:**

"**Aluminum is an experimentally demonstrated neurotoxin and the most commonly used vaccine adjuvant**. Despite almost 90 years of widespread use of aluminum adjuvants, medical science's understanding about their mechanisms of action **is still remarkably poor**. **There is also a concerning scarcity of data on toxicology and pharmacokinetics of these compounds**. In spite of this, the notion that aluminum in vaccines is safe appears to be widely accepted. **Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences. In our opinion, the possibility that vaccine benefits may have been overrated and the risk of potential adverse effects underestimated, has not been rigorously evaluated in the medical and scientific community. We hope that the present paper will provide a framework for a much needed and long overdue assessment of this highly contentious medical issue**."

**"Bishop et al. have shown that, parenteral exposure *(through ingestion, not injection)*, to as little as 20 µg/kg bw (*body weight)*, of aluminum for >10 days may result in long-term detrimental outcomes in neurologic development in preterm infants**. In 2004, the U.S. Food and Drug Administration (FDA) set

a limit for aluminum from parenteral sources for individuals with impaired kidney function and premature neonates at no greater than 4 to 5 µg/kg bw/day, stating that levels above those have been associated with CNS and bone toxicity. In addition, according to the FDA, tissue loading may occur at even lower levels of administration**. What the upper limit for "safe" aluminum exposure might be for healthy neonates is not known.**"

"**In spite of these above data, newborns, infants and children up to 6 months of age in the U.S. and other developed countries receive 14.7 to 49 times more than the FDA safety limits for aluminum from parenteral sources from vaccines through mandatory immunization programs** (Table 2). **Specifically, 2-month old children in U.K., U.S., Canada and Australia routinely receive as much as 220 to 245 µg/kg bw of aluminum per vaccination session** (Table 2), **a burden equivalent to 34 standard adult-dose injections of hepatitis B vaccine** (Table 3). **Similarly, newborns at birth receive 73.5 µg Al/kg bw/day from a single hepatitis B vaccine, which is a dose equivalent to 10 standard adult-dose injections of hepatitis B vaccine in a single day** (Table 3). **Whether such doses of aluminum are safe even for adults is not known."**

Since the levels of aluminum found to be toxic at small levels listed in the research cited above, was aluminum that had been given parenterally, meaning ingested through the mouth. Since only a minute amount of aluminum ingested in this way is actually absorbed into the bloodstream through the digestive tract, it is especially concerning given the fact that aluminum injected directly into the bloodstream is nearly hundred percent absorbed. The article goes on to state this very important distinction. This is extremely concerning indeed.

"Finally, it should be fairly obvious that parenterally administered aluminum bears more relevance to vaccine exposure than dietary aluminum. In this context, it is worth noting that unlike dietary aluminum of which only ~0.25 % is absorbed into systemic circulation, aluminum from vaccines may be absorbed at nearly 100% efficiency." *That means that only ¼ of 1 mg out of 100 mg aluminum ingested, is actually absorbed verses 100 mg out of 100 mg absorbed, (or 400 times more via the injectable route).*

**This is absolutely inexcusable! It has to stop, until an exhaustive scientific inquiry by non-biased, non-partisan and objective minded scientists is completed. If vaccine programs are going to be continued, safe alternatives to these neurotoxic ingredients must be incorporated (if they even exist). It could take years to create new safer alternatives and evaluate them for several years in large scale INDEPENDENT trials to know if they will be safe. Until then, I am calling for adjuvant free vaccines (the studies in this document suggest they don't work as advertised anyway). It's either that or scrap the vaccines with adjuvants altogether!**

## Aluminum impacts central nervous system at every level, even by changing gene expression

This is from a 2014 article from the ***Journal immunotherapy*** titled, **Are there negative CNS impacts of aluminum adjuvants used in vaccines and immunotherapy?**
https://www.ncbi.nlm.nih.gov/pubmed/25428645

**This is the Abstract:**

**"In spite of a common view that aluminum (Al) salts are inert and therefore harmless as vaccine adjuvants or in immunotherapy, the reality is quite different.** In the following article we briefly review the literature on Al neurotoxicity and the use of Al salts as vaccine adjuvants and consider not only direct toxic actions on the nervous system, but also the potential impact for triggering autoimmunity. Autoimmune and inflammatory responses affecting the CNS appear to underlie some forms of neurological disease, including developmental disorders. **Al has been demonstrated to impact the CNS at every level, including by changing gene expression**. These outcomes should raise concerns about the increasing use of Al salts as vaccine adjuvants and for the application as more general immune stimulants."

"**As a result of cellular damage caused by an Al compound, injured and dying cells will release proteases, excitatory amino acids, and ions (e.g., potassium, calcium), disrupting biosemiosis at many levels. Toxic effects of Al and its compounds thus tend to proliferate**. Interactive results involving immune functions, for instance, make the impact worse than if only one system were involved. Of course, the dose-response of Al and its compounds must be considered, **but even at low doses, especially with repeated exposures, Al can have cumulative deleterious effects that can be extreme and even fatal**. **For that reason, a repeated low dose exposure may prove more damaging than a single larger dose**. **Al and its compounds can cross biosemiotic levels, damaging genetic systems, proteins, cells, and all systems up through the CNS** (CNS = the Central Nervous System). While higher doses may rapidly affect multiple levels, as in dialysis-associated encephalopathy (DAE), **low doses over time, for example, from vaccines, can degrade metabolism and disrupt repair and defense systems and can spiral out of control as in ASIA. Aluminum adjuvants in vaccines may hyperdrive the immune functions of the body but they also directly disrupt biosemiotic systems. Sound theory, empirical research, and reasonable inferences from sources cited here show that Al and its compounds damage biological systems. Such conclusions warrant considerations at a policy level to limit human exposure to Al and its compounds**."

**Footnote: Biosemiotic systems or levels are from the Greek "bio" = life and semeion = signs. An example of how aluminum affects the different levels in life systems is that is affects all of these levels: Molecular (molecules) > Genomic (Genes) > Proteins > Cells > Circuits > Systems > Central Nervous System, Reproductive System, Endocrine System, Immune System, etc.**

## Exposure to aluminum and mercury maternally and early in life, can have dire and lifelong consequences

This article published in ***the International Journal of Environmental Research and Public Health*** 2015, titled, **Exposure to mercury and aluminum in early life: developmental vulnerability as a modifying factor in neurological and immunologic effects**, is a bombshell that raises serious questions about aluminum adjuvants in vaccines. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4344667/#__sec7title

**Here are some quotes from the article:**

"thimerosal (used in multi-dose vials as an anti-microbial agent) was reduced in some pediatric vaccines in the USA, but **it still remains in the majority of influenza vaccines and with the influenza vaccine been added to the vaccine schedule, it continues to be given to pregnant women, infants, and children in the USA**." "The continuing use of thimerosal -containing vaccines (TCV's) in pediatrics (mostly during infancy) is still a matter of concern".

"May *et al.* Reported that **vaccines contain the highest concentrations of aluminum and mercury among all biological products tested**. **In the last 30 years, not only has the number of pediatric TCV's increased, but also the AL: Hg ratio, rising from around 10-12 fold, to 50 fold in some current vaccines that use thimerosal at 0.01%." (Hg stands for Mercury).**

"**Although children are more susceptible than adults to toxic effects of heavy metal exposure, fetuses and neonates are even more vulnerable and the least protected by existing regulatory bodies**. **Therefore, environmental and iatrogenic exposures to neurotoxic chemicals during critical periods of her early life – in utero, neonatal and during infancy – are of particular concern. The proper function of the brain depends on the integrity of the whole central nervous system (CNS). Any developmental toxicity capable of affecting optimal development can have lifelong consequences**."

"Mercury and aluminum share the ability to affect the neurological, renal, and immunological systems. Concentrations relevant to thimerosal containing vaccines affect the developing nervous system as demonstrated by in vitro and in the vivo studies. However, **during the developmental stages of early life, the first (iatrogenic) encounter with xenobiotics (chemicals), such as thimerosal and aluminum adjuvants is a current feature of routine pediatric immunization practices that need to be addressed**."

**"…in this animal model, males are more susceptible to thimerosal toxicity than females."** ***(this correlates with humans, with regard to autism)***

## Studies showing aluminum to be less harmful have major flaws

A 2017 study published in the journal ***Annales Pharmaceutiques Francaises*** (published in French), and titled, **[Critical analysis of reference studies on aluminium-based adjuvants toxicokinetics]**, reveals serious flaws in studies the pharmaceutical industry relies on to downplay the harmful effects of aluminum. https://www.ncbi.nlm.nih.gov/pubmed/?term=28576261

**The Abstract:**
"We reviewed the three reference toxicokinetic studies commonly used to suggest innocuity of aluminum (Al)-based adjuvants.

A single experimental study was carried out using isotopic $^{26}$Al (**Flarend et al., 1997**). **This study ignored adjuvant cell capture**. **It was conducted over a short period of time (28 days) and used only two rabbits per adjuvant**. At the endpoint, Al retention was 78% for aluminum phosphate and 94% for aluminum hydroxide, **both results being incompatible with quick elimination of vaccine-derived Al** in

urines. Tissue distribution analysis **omitted three important retention sites: the injected muscle, the draining lymph node and bone**.

Two theoretical studies have evaluated the potential risk of vaccine Al in infants, by reference to the oral **Minimal Risk Level (MRL) extrapolated from animal studies**. **Keith et al., 2002 used a too high MRL (2mg/kg/d), an erroneous model of 100% immediate absorption of vaccine Al, and did not consider renal and blood-brain barrier immaturity**. **Mitkus et al. (2011) only considered absorbed Al, with erroneous calculations of absorption duration**. **They ignored particulate Al captured by immune cells, which play a role in systemic diffusion and the neuro-inflammatory potential of the adjuvant**. MRL they used **was both inappropriate (oral Al vs injected adjuvant) and far too high (1mg/kg/d)** with regard to experimental studies of Al-induced memory and behavioral changes. **Both paucity and serious weaknesses of these studies** strongly suggest that novel experimental studies of Al adjuvants toxicokinetics **should be performed on the long-term, including post-natal and adult exposures**, to ensure innocuity and restore population confidence in Al-containing vaccines."

## The misconception that infants get more exposure to metals from breastmilk

**Another belief that is circulating out there is that "infants will get more aluminum and mercury from breast milk than from the vaccines." This is completely false**.

There are various reasons for that:

- While some aluminum can be transferred from mother to child from breastmilk, oral absorption of aluminum is estimated to be well below 1%. So, for every 100 mcg ingested orally, only 0.2-1.5 mcg will be absorbed. If 100 mcg of aluminum is injected into a child, they get the full 100 mcg into their blood stream. That's 100 times more into the blood stream than with oral ingestion. (see below)
- Infants and young children still have inefficient kidney function which is one of the main ways toxic metals are eliminated from the body. Therefore, it remains circulating in the blood stream much longer allowing it to accumulate in the body's tissues.

Here's another quote from this article above demonstrating that…*(and my added comments are in italics)*

"During breast-feeding, the exposure to mercury and aluminum is proportional to the amount of colostrum or breast milk consumed; different from a bolus dose in thimerosal containing vaccines, breastmilk is taken in proportion to infant size through various feeding periods throughout the entire lactation…..The first exposure to neonates is the hepatitis B vaccine (HBV). In this specific vaccine, depending on the manufacturer, the aluminum to mercury ratio is 25 to 1, whereas the 0.5 ml dose for newborns will deliver a weight adjusted dose of over a 20-fold variation among extremes of birth weight. *(low birth weight preemies are also given this shot)* In either case, mercury or aluminum so absorbed from colostrum by neonates can be far less than the loads inoculated through HBV; **estimated**

**loads of mercury and aluminum in thimerosal containing vaccines could attain a level corresponding to that absorbed from breastmilk taken during the entire six months of lactation.** ***(so that is one hepatitis B shot compared to 6 months of breast feeding)*** Indeed, the aluminum body burden from feeding (human milk and formulas) during the first year (0.1 mg) was estimated as much less than that (4 mg) attributed to vaccines ***(Therefore 40 times higher).*** **Actually, this figure could increase, if we knew how much of mercury and aluminum is transferred from thimerosal containing vaccines during pregnancy." (As in flu shots).**

**This destroys the claims that breast milk contains more mercury than the vaccines.** In addition, the new 2017 CDC schedule https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html shows that the CDC **now recommends flu shots for infants starting at six months. In fact, it is recommended that they receive two shots initially to boost their levels**. Then children are recommended to have one flu shot annually. If these flu vaccines happen to come **from the multi-dose vials, they do contain thimerosal.**

# Aluminum and Mercury Accumulate

## Where does the mercury go when blood levels drop after exposure?

### I've often heard it said, "mercury does not stay in the system very long, because blood levels drop within 24 hours of exposure".

**The truth is that mercury like other heavy metals become stored in the body's tissues. The reason blood levels drop is twofold. Partly due to elimination, but primarily due to the fact that these toxins become stored in organs, including and especially the brain. Toxins tend to accumulate in fatty tissue. Since the brain is approximately 70% fat, it is a ripe target for accumulation of heavy metals such as aluminum and mercury.**

Another quote from the study I was just referencing that puts that myth to bed:

**"Human studies indicate that, once de-alkylated, the brain retrained mercury species has ½ life of several years to decades following exposure. These long residences in the brain clearly involve a long-lasting toxic effect."**

## Studies confirm the mechanism that transports aluminum or mercury to the brain and other organs

These next several studies shed light on a previous mystery, as to how heavy metals and toxins in the vaccines travel from the injection site to what they call "target" organs and tissues. With this

information being available now in dozens of studies, there is **NO EXCUSE** for the people in charge of our vaccine programs to keep their heads in the sand. They simply cannot hide from it anymore!

## Toxic metals accumulate in various tissues in the body. Aluminum accumulates in the brain.

A 2015 article published in the ***Scientific Reports*** at ***nature.com***, titled, **The preferential accumulation of heavy metals in different tissues following frequent respiratory exposure to $PM_{2.5}$ in rats**, shows the different organs and glands that different metals preferentially accumulate in. Aluminum was found to accumulate preferentially in the cerebral cortex (brain), compared to other organs.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4652264/

**From the Abstract:**
"Besides, arsenic was prominently enriched both in cerebral cortex and in blood, and so did the **aluminum in the cerebral cortex** and the copper in the liver."

"**The main toxic effect of aluminum is exerted on the nervous system**. Aluminum can combine with the phospholipids by complexation and affect the function of nerve cell membrane. Aluminum can also bind the phosphate group in the nuclear chromatin of neurons and disturb DNA transcription and replication to result in abnormal metabolism and protein synthesis. In addition, it can interfere with cellular energy status and bring about changes in cholinergic neurotransmitter and destruction of BBB function to cause dementia or other degenerative diseases. Related studies have shown that long-term exposure of aluminum increases the susceptibility to Alzheimer's disease. In this study, high dose exposure to $PM_{2.5}$ significantly increased the content of aluminum in cerebral cortex, **which confirmed that aluminum can pass the BBB and tend to accumulate in the brain**." ***(BBB stands for the Blood Brain Barrier. This has always been the concern with mercury, aluminum and other toxins. The BBB is especially "porous" for lack of a better term in the fetus, infants and young children. This study found that even in adult rats, the aluminum was able to pass through into the brain.)***

## Journal Vaccine shows that aluminum accumulates in tissues

http://www.sciencedirect.com/science/article/pii/S0264410X97000418 This 1997 article published in the Journal ***Vaccine*** and titled, **In vivo absorption of aluminum-containing vaccine adjuvants using 26Al** clearly shows that aluminum accumulates in tissues after injection and that 3 times more aluminum phosphate was absorbed than aluminum hydroxide. This fact was known before the reduction of mercury (Thimerosal) and subsequent increase of aluminum adjuvants in childhood vaccines. From the article:

"The area under the blood level curve for 28 days indicates that three times more aluminum was absorbed from AP *(aluminum phosphate)* adjuvant than AH *(aluminum hydroxide)* adjuvant. The distribution profile of aluminum to tissues was the same for both adjuvants (kidney > spleen > liver > heart > lymph node > brain)."

## Where does that excess aluminum go in the body?

**According to the FDA and the AAP (American Academy of Pediatrics), what happens if a child receives more than the maximum required dose of aluminum?**

- Aluminum builds up in the bones and brain and can be toxic.
- Aluminum can cause neurological harm.
- Aluminum overdose can be fatal in patients with weak kidney's, kidney disorders or in premature babies. (*How many children are tested to see if their kidneys are functioning properly before they are vaccinated? Could this also be why the Hepatitis B shot, given to infants at birth, has been linked to SIDS? See the section in this document on vaccine associations with SIDS in various places, as well as pages 422-429)*

## How does the aluminum and mercury get to the brain and other organs?

A 2016 study published in the Journal ***Scientific Reports*** titled, **Insight into the cellular fate and toxicity of aluminium adjuvants used in clinically approved human vaccinations**, **describes how aluminum migrates away from the injection site and is transported to the brain**. Furthermore, Alhydrogel (Aluminum Hydroxide), which is the most commonly used form is also the one that is the most predisposed to migrate away from the injection site, including access to the brain. https://www.ncbi.nlm.nih.gov/pubmed/27515230

"We demonstrate that **not all aluminium adjuvants are equal neither in terms of their physical properties nor their biological reactivity and potential toxicities both at the injection site and beyond**. High loading of aluminium oxyhydroxide in the cytoplasm of THP-1 cells without immediate cytotoxicity might **predispose this form of aluminium adjuvant to its subsequent transport throughout the body including access to the brain**."

"As such, Alhydrogel® continues to predominate as the clinically relevant adjuvant of choice in these studies."

"**Our results continue to raise concern over use of the experimental and chemically different, aluminium hydroxycarbonate and magnesium hydroxide based Imject™ Alum formulation, as the model adjuvant of choice in the study of clinical vaccination**. Furthermore Imject™ Alum has been shown to elicit weaker humoral TH2 immune responses via diminished IgG antibody production and reduced pro-inflammatory cytokine release versus Alhydrogel®…"

"Taken collectively **our results thereby support that the release of extracellular DNA and the cytotoxicity of Adju-Phos®** may be additionally governed by **the release of Al3+ (aq) at the injection site**." *(Al3+ is aluminum)*

**"In conclusion, our results demonstrate through minimal cytotoxicity and high cytoplasmic loading that Alhydrogel® as the most commonly used ABA in clinically approved vaccinations is most pre-disposed to migration away from the injection site through migratory phagocytic cell lineages**. It is known that monocytes are capable of differentiating into either macrophagic or dendritic cell types and both have subsequently been linked to the presence of increased MHCII-positive DCs at the injection site, seven days following vaccination. **As such, migratory APCs including monocytes containing the internalised antigen may enter lymph nodes via draining through high endothelial venules (HEVs)**."
*(APCs are Antigen Presenting Cells and ABA refers to Aluminum Based Adjuvants)*
"Through *in vitro* cellular modelling, our results further shed light on **the capacity of ABA to deposit at sites distant to the injection site as has been suggested in macrophagic myofasciitis (MMF), whereby aluminium is proposed to translocate through draining lymph nodes to distant organs**."

## Small doses of Aluminum Hydroxide, the most common adjuvant causes accumulation in the brain and neurotoxic effects

A 2017 study published in the journal Toxicology titled, **Non-linear dose-response of aluminium hydroxide adjuvant particles: Selective low dose neurotoxicity**, demonstrates the dangers presented by the aluminum hydroxide adjuvant. https://www.ncbi.nlm.nih.gov/pubmed/27908630

**From the abstract:**
"Aluminium (Al) oxyhydroxide (Alhydrogel®), the main adjuvant licensed for human and animal vaccines, consists of primary nanoparticles that spontaneously agglomerate. **Concerns about its safety emerged following recognition of its unexpectedly long-lasting biopersistence within immune cells in some individuals, and reports of chronic fatigue syndrome, cognitive dysfunction, myalgia, dysautonomia and autoimmune/inflammatory features temporally linked to multiple Al-containing vaccine administrations.**" (*Agglomerate means to clump together)*

**"We conclude that Alhydrogel® injected at low dose in mouse muscle may selectively induce long-term Al cerebral accumulation and neurotoxic effects."**

## More confirmation as to how aluminum travels through the body to the brain and other organs

A 2012 article from The Journal ***Lupus*** titled, **Macrophagic myofasciitis: characterization and pathophysiology** explains how a toxic metal like aluminum can migrate from the injection site to distant organs including the brain. https://www.ncbi.nlm.nih.gov/pubmed/22235051

**From the summary:**
"Alum is the most commonly used adjuvant in human and veterinary vaccines but mechanisms by which it stimulates immune responses remains incompletely understood. Although generally well tolerated, alum may occasionally cause disabling health problems in presumably susceptible individuals. A small proportion of vaccinated people present with delayed onset of diffuse myalgia, chronic fatigue and cognitive dysfunction, and exhibit very long-term persistence of alum-loaded macrophages at site of previous intra-muscular (i.m.) immunization, forming a granulomatous lesion called macrophagic myofasciitis (MMF**). Clinical symptoms associated with MMF are paradigmatic of the recently delineated "autoimmune/inflammatory syndrome induced by adjuvants" (ASIA). The stereotyped cognitive *(brain)* dysfunction is reminiscent of cognitive deficits described in foundry workers exposed to inhaled Al particles."**

**From the article:**
"Preliminary results have substantiated this view. We observed that fluorescent surrogates of alum particles injected into mouse muscle were rapidly taken up by macrophages to form a MMF-like granuloma. **An important proportion of particles escaped the injected muscle, mainly within immune cells, gaining access to the regional lymph nodes. Then particle-loaded cells exited the lymphatic system to reach the blood stream** (presumably through the thoracic duct, a terminal lymphatic vessel plugged to the subclavian vein), **allowing them to gain access to distant organs such as spleen, liver and, eventually, the brain**."

"Thus, immune cells loaded with alum-like particles circulate after the i.m. injection **and can reach distant tissues such as brain, especially if they produce attracting signals for inflammatory cells or exhibit weak blood brain barrier (BBB)**. This may also apply to other poorly degradable nanomaterials such as silicone, another compound suspected to cause ASIA. Of course, lot remains to be done to determine if, in what conditions, and to what extent alum and other mineral particles **gaining access to the brain by a Trojan horse mechanism**, as HIV and HCV particles do, **can cause significant inflammatory and neurotoxic damage.**"

**"In conclusion, Macrophagic Myofasciitis revealed an almost complete lack of knowledge on the fate, systemic diffusion, and long-term safety of alum particles. On the grounds of our clinical and experimental data, we believe that increased attention should be paid to possible long-term neurologic effects of continuously escalating doses of alum-containing vaccines administered to the general population. Special emphasis should be put on individuals with immature/altered Blood Brain Barrier or inflammatory states."**

## Mercury also accumulates in the brain and other organs- This study shows astronomical levels in heart tissue of young athletes with a particular type of cardiomyopathy

A 2005 article written by ***Boyd E. Haley PhD***., the ***Chair of the Department of Chemistry at the University of Kentucky*** and titled, **Mercury toxicity: Genetic susceptibility and synergistic effects**,

expresses sharp criticism at our government agencies for ignoring the dangers of mercury in medical interests (vaccines) and dental practices.

"Our government agencies, the FDA, CDC and NIH **routinely ignore** the possible involvement of mercury in the cause or ex-acerbation of any disease. It is my opinion this shunning of mercury based toxicity studies is influenced by organized dentistry and medical interests (**vaccine manufacturers**) who routinely use mercury in the treatment of patients. An outrageous claim one would rationally think."

"But look at the facts. In 1999 a highly respected Journal of ***the American College of Cardiology*** that stated that **individuals who die of Idiopathic Dilated Cardiomyopathy (IDCM) had 178,400 nanograms of mercury per gram of heart tissue, an amazing amount** (Table 1). Measuring mercury is not rocket science, it is easy to accomplish if you have the proper instrument, which most research universities do. **This level was 22,000 times higher than the rest of the tissues in the body, and in the heart tissue of subjects who died of other forms of cardiovascular disease** (Table 1). **IDCM is the named disease that young athletes unexpectedly die of and is one of the major reasons for heart transplants in many adults. Yet, with this data obviously available, neither the NIH nor the FDA has made any requests for grants to study the possible involvement of, or source of, mercury in IDCM. They have essentially ignored this just as they have ignored the obvious emission of mercury vapors from dental amalgams and the elevated mercury levels found in autistic children.**" *The researchers found that the heart tissue of these subjects had 178,400 nanograms/gram of heart tissue compared to controls without this disorder, who had 8 ng/g in their heart tissue.*
https://1796web.com/pdfs/haley.pdf

**Here is a presentation of Dr. Haley's findings published by National Academies Press**
http://nationalacademies.org/hmd/~/media/Files/Activity%20Files/PublicHealth/ImmunizationSafety/Haleyslides.pdf

**The article from the *American Journal of Cardiology*, referenced in this article by Dr. Haley stated:**

"No cases of occupational exposure to TE were observed, not did any patients or control subjects come from heavily polluted geographic areas."

**"The increased concentration of TE** *(Trace Elements, like mercury)* **in pts with IDCM may adversely affect mitochondrial activity and myocardial metabolism and worsen cellular function."**
*(Here they note mitochondrial activity, which is fast becoming a prevalent observation in many studies looking at the effects of mercury and aluminum on the brain)*

**"This abnormality is limited to the myocardium and correlates with the severity of both heart failure and electrical instability."**

The title of the article is **Marked Elevation of Myocardial Trace Elements in Idiopathic Dilated Cardiomyopathy Compared with Secondary Cardiac Dysfunction**
http://www.onlinejacc.org/content/accj/33/6/1578.full.pdf

## Particles of aluminum continue to accumulate in organs for months after being injected into the body

The ***Journal of Inorganic Biochemistry*** published an article in late 2015 titled, **Highly delayed systemic translocation of aluminum-based adjuvant in CD1 mice following intramuscular injections.** In this article researchers found that the microscopic particles of aluminum drain slowly from the injection site and accumulate in distant organs. https://www.ncbi.nlm.nih.gov/pubmed/26384437

**From the Abstract:**
"Concerns regarding vaccine safety have emerged following reports of potential adverse events in both humans and animals. In the present study, alum, alum-containing vaccine and alum adjuvant tagged with fluorescent nanodiamonds were used to evaluate i) the persistence time at the injection site, ii) the translocation of alum from the injection site to lymphoid organs, and iii) the behavior of adult CD1 mice following intramuscular injection of alum (400 µg Al/kg). **Results showed for the first time a strikingly delayed systemic translocation of adjuvant particles.** Alum-induced granuloma remained for a very long time in the injected muscle despite progressive shrinkage from day 45 to day 270. Concomitantly, a markedly delayed translocation of alum to the draining lymph nodes, major at day 270 endpoint, was observed. Translocation to the spleen was similarly delayed **(highest number of particles at day 270)**. In contrast to C57BL/6J mice, no brain translocation of alum was observed by day 270 in CD1 mice."

"On the basis of **previous reports showing alum neurotoxic effects in CD1 mice**, an additional experiment was done, and showed early brain translocation at day 45 of alum injected subcutaneously at 200 µg Al/kg. **This study confirms the striking biopersistence of alum**. **It points out an unexpectedly delayed diffusion of the adjuvant in lymph nodes and spleen** of CD1 mice, and suggests the importance of mouse strain, route of administration, and doses, for future studies focusing on the potential toxic effects of aluminum-based adjuvants."

## Another article describes the way these metals like aluminum "bioaccumulate" into the brain and other organs for long periods of time

A 2013 article published on ***Open Access by Bio Med Central*** titled, **Slow CCL2-dependent translocation of biopersistent particles from muscle to brain**, **discusses the method and delivery system for small particles of aluminum transported to organs and the brain by the body's immune cells**. Unborn fetuses and young children are particularly at risk to this accumulation of heavy metals in the brain, due to the immature blood-brain-barrier. **CCL2 is a small chemokine or signaling protein, that helps attract monocytes and other immune cells to a site of infection**.
https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-99

**Results:**
**"Intramuscular injection of alum-containing vaccine was associated with the appearance of aluminum deposits in distant organs, such as spleen and brain where they were still detected one year after injection**. Both fluorescent materials injected into muscle translocated to draining lymph nodes (DLNs)

and thereafter were detected associated with phagocytes in blood and spleen. **Particles linearly accumulated in the brain up to the six-month endpoint** ***(when the study ended)***; they were first found in perivascular CD11b+ cells and **then in microglia and other neural cells**. DLN ablation dramatically reduced the biodistribution. Cerebral translocation was not observed after direct intravenous injection, but **significantly increased in mice with chronically altered blood-brain-barrier**. Loss/gain-of-function experiments consistently implicated CCL2 in systemic diffusion of Al-Rho particles captured by monocyte-lineage cells and in their subsequent neurodelivery. Stereotactic particle injection pointed out brain retention as a factor of progressive particle accumulation."

**Conclusions:**
"Nanomaterials can be transported by monocyte-lineage cells to DLNs, blood and spleen, and, similarly to HIV, **may use CCL2-dependent mechanisms to penetrate the brain.** This occurs at a very low rate in normal conditions explaining good overall tolerance of alum despite **its strong neurotoxic potential**. **However, continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of overimmunization or immature/altered blood brain barrier or high constitutive CCL-2 production**."

"On the other hand, **alum has high neurotoxic potential**, and planning administration of continuously escalating doses of this poorly biodegradable adjuvant in the population **should be carefully evaluated by regulatory agencies since the compound may be insidiously unsafe**. It is likely that good tolerance to alum **may be challenged by a variety of factors including overimmunization, BBB immaturity, individual susceptibility factors, and aging that may be associated with both subtle BBB alterations and a progressive increase of CCL2 production**."

## Researchers find a "highly significant" correlation between the number of pediatric aluminum-adjuvanted vaccines given and autism

A 2013 study in the journal ***Immunological Research*** titled, **Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity**, **found damning evidence of the number of aluminum containing vaccines given to children and the rate of autism spectrum disorders**. https://www.ncbi.nlm.nih.gov/pubmed/23609067

## In the same study, researchers discuss the relationship with aluminum exposure in adults and the development of Alzheimer's and similar to ALS/PDC

ALS Parkinsonism Dementia Complex (ALS/PDC) is a neurodegenerative, invariably fatal, disorder found in certain native populations, including on the islands of Guam. **An environmental toxin has been implicated in that condition**. The toxin causes development of neurofibrillary tangles and beta-amyloid plaques in the brain.

**The study abstract:**

"We have examined the neurotoxicity of aluminum in humans and animals under various conditions, following different routes of administration, and provide an overview of the various associated disease states. The literature demonstrates **clearly negative impacts of aluminum on the nervous system** across the age span. **In adults, aluminum exposure can lead to apparently age-related neurological deficits resembling Alzheimer's and has been linked to this disease and to the Guamanian variant, ALS-PDC.** Similar outcomes have been found in animal models. In addition, **injection of aluminum adjuvants in an attempt to model Gulf War syndrome and associated neurological deficits leads to an ALS phenotype in young male mice**. **In young children, *a highly significant* correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders**. **Many of the features of aluminum-induced neurotoxicity may arise, in part, from autoimmune reactions, as part of the ASIA syndrome**."

## A 2018 study finds "extraordinarily high" levels of aluminum stored in the brains of autistic individuals

A 2018 article published in the in ***Journal of Trace Elements in Medicine and Biology*** titled, **Aluminium in brain tissue in autism** claims to be the first study using these methods to identify and quantify the amount of aluminum in the brains of autistic individuals.
https://www.sciencedirect.com/science/article/pii/S0946672X17308763

**From the study:** "Human exposure to aluminium *(British spelling of aluminum),* has been implicated in Autism Spectrum Disorder with conclusions being equivocal. To-date the majority of studies have used hair as their indicator of human exposure to aluminium while aluminium in blood and urine have also been used to a much more limited extent. **Paediatric vaccines that include an aluminium adjuvant are an indirect measure of infant exposure to aluminium and their burgeoning use has been directly correlated with increasing prevalence of ASD**. **Animal models of ASD continue to support a connection with aluminium and to aluminium adjuvants used in human vaccinations in particular**. Hitherto there are no previous reports of aluminium in brain tissue from donors who died with a diagnosis of ASD. We have measured aluminium in brain tissue in autism and identified the location of aluminium in these tissues."

**Conclusion:** "**We have made the first measurements of aluminium in brain tissue in Autism Spectrum Disorder and we have shown that the brain aluminium content is extraordinarily high**. We have identified aluminium in brain tissue as both extracellular and intracellular with the latter involving both neurones and non-neuronal cells. **The presence of aluminium in inflammatory cells in the meninges, vasculature, grey and white matter is a standout observation and could implicate aluminium in the aetiology of ASD**."

## Again, massive amounts of aluminum are implicated

"In addition to these questionable actions **during this highly publicized "phase-out" of mercury, four doses of a new vaccine with high aluminum content were added to the childhood immunization schedule in February 2000 (for pneumococcus) and two doses of another aluminum-containing vaccine (for hepatitis A) were added in 2005**. These changes to the vaccine schedule **resulted in a substantial increase of aluminum-containing vaccine doses—from 10 to 16 injections—that babies are still mandated to receive by 18 months of age**."

"Each of these vaccines contains aluminum, and multiple doses (booster shots) are required (Table 1). **Babies are injected with 1,225 mcg of aluminum instantaneously at age 2 months, and 4,925 mcg of accumulated aluminum by age 18 months** (Figure 2)." Table 1 shows all the schedule, the number of shots and the amount of aluminum in each.

According to the ***American Academy of Pediatrics*** (AAP), "**Aluminum is now being implicated as interfering with a variety of cellular and metabolic processes in the nervous system and in other tissues**." Bishop et al. published data showing that "**aluminum accumulates in the body when protective gastrointestinal mechanisms are bypassed, renal function is impaired, and exposure is high**." For example, in premature infants, "prolonged intravenous feeding with solutions containing aluminum is associated with impaired neurologic development" by 18 months of age. More recently, Kawahara et al. published research confirming that "**aluminum can cause severe health problems in particular populations, including infants.**" The authors of this paper also declared that "whilst being environmentally abundant, aluminum is not essential for life. **On the contrary, aluminum is a widely recognized neurotoxin that inhibits more than 200 biologically important functions and causes various adverse effects in plants, animals, and humans.**"

"**Dr. Vito Caserta, chief medical officer for the *Vaccine Injury Compensation Program***, had this to say: "**One of the things I learned at the aluminum conference in Puerto Rico...that I never really understood before, is the interactive effect of different metals when they are together in the same organism. It is not the same as when they are alone, and I think it would be foolish for us not to include aluminum as part of our thinking with this." This next study corroborates those concerns:**

# Exposure to toxins during critical brain development increases risk of autism

Another study published in 2016, in the ***CNS & Neurological Drug Targets Journal*** titled, **Neuro-Inflammatory Mechanisms in Developmental Disorders Associated with Intellectual Disability and Autism Spectrum Disorder: A Neuro- Immune Perspective**, implicates the detrimental effects of an abnormal immune response during critical periods of development and the role that can play in the development of forms of autism. https://www.ncbi.nlm.nih.gov/pubmed/26996174

From the study: "While most evidence indicates that a genetic component plays an important role in the aetiology of both autism and ID, a number of studies suggest that immunological dysfunctions may participate in the pathophysiology of these disorders. Brain-specific autoantibodies have been detected

in the sera of many autistic children and autoimmune disorders are increased in families of children with autism. Furthermore, cytokine imbalance has been reported in children with autism. These results may reflect an inappropriate immune response to environmental factors, such as infectious **or toxic exposure**. The role of microglia as sensors of pre- and post-natal environmental stimuli and its involvement in the regulation of synaptic connectivity, maturation of brain circuitry and neurogenesis has recently emerged. **An abnormal immune response during critical windows of development and consequent abnormal production of neuro-inflammatory mediators may have an impact on the function and structure of brain and can play a role in the pathogenesis of non syndromic autism. Recent evidence suggests an involvement of neuro-inflammation also in syndromic forms of autism and ID**. The present review summarizes the current literature suggesting that neuro-inflammatory mechanisms may contribute to the pathogenesis of different ID- and autism-associated disorders."

**This is key, because the statement just made "during critical windows of development" parallels the concerns of numerous scientists that children are getting too many vaccines, too early in life during these critical windows of development. The microglia mentioned are the immune related nerve cells in the brain and have been implicated as being activated when toxins such as mercury, aluminum or other neuroexcitatory agent cross the blood-brain barrier into the brain.**

## Three letters written in June of 2017 to The Department of Health and Human Services, from prominent scientists, urging immediate action on the dangers of aluminum in vaccines

**The following are three letters from very prominent and distinguished scientists declaring the extreme damage that aluminum from vaccines can cause and stressing a dire urgency in the re-evaluation of and research into the effects of aluminum adjuvants of vaccine recipients.**

Dear Directors:

I am writing to you in regard to aluminum adjuvants in vaccines. This subject is one my laboratory works on intensively and therefore one where I feel that I have some expertise. In particular, we have studied the impact of aluminum adjuvants in animal models of neurological disease, including autism spectrum disorder (ASD). Our relevant studies on the general topic of aluminum neurotoxicity in general and specifically in regard to adjuvants are cited below.

These studies and the broader existing literature regarding aluminum toxicity, lead almost invariably to the conclusion that aluminum in any chemical form is always neurotoxic when administered to humans. Further, I am convinced that aluminum adjuvants in vaccines may contribute to neurological disorders across the lifespan. In adults, such adjuvant may induce macrophagic myofasciitis, a disease with neuropathological aspects. In children, there is growing evidence that aluminum adjuvants may disrupt developmental processes in the central nervous system and therefore contribute to ASD in susceptible children.

Despite the foregoing, the safety of aluminum adjuvants in vaccines has not been properly studied in humans even though, pursuant to the recommended vaccine schedule published by the Centers for Disease Control (CDC), a baby may be injected with up to 3,67 5 micrograms of aluminum adjuvant by six months of age.

In regard to the above, it is my belief that the CDC's claim on its website that "Vaccines Do Not Cause Autism" is wholly unsupported. Given this, I remain convinced that much more research on the role of aluminum adjuvant in vaccines and neurological disorders, including ASD, is warranted and should be a research priority for the NIH and other funding bodies.

Yours sincerely,

Christopher A. Shaw, Ph.D, Professor- Dept. of Ophthalmology and Visual Sciences, University of British Columbia

**You can view the 14 references in Appendix B**

Dear Directors:

I am an expert in the field of aluminum adjuvants toxicity in humans and animal models. I have been working in this field since the initial description of the Al vaccine-induced macrophagic myofasciitis in 1998. Since that time I have written 40 peer-reviewed scientific publications and one book on this subject.

I strongly support the contention that aluminum adjuvants in vaccines may have a role in the etiology of autism spectrum disorder (ASD). My view is founded on a significant and burgeoning body of peer reviewed scientific evidence which makes the link between ASD and exposure to aluminum through vaccinations and other sources. Examples of this literature from my own group are detailed below and I urge the HHS to take them into consideration in forming any future opinion on the safety of aluminum adjuvants in vaccines.

The Center for Disease Control’s claim on its website that “Vaccines Do Not Cause Autism” is unsupported with respect to aluminum adjuvants and this claim stifles the important research to determine the safety of aluminum adjuvants used in vaccines. As an expert in the field of aluminum adjuvants and aluminum toxicity I solemnly declare that more research on the role of aluminum adjuvant in vaccines and neurological disorders, including ASD, is essential and urgently required.

Yours very sincerely

Romain K. Gherardi

Professor, Neuromuscular Pathology Expert Centre, University Paris-Est

**You can view the 15 references in Appendix B**

Dear Directors:

I am an expert in the field of aluminum adjuvants and aluminum toxicity. I have been working in this field for more than 30 years during which time I have written in excess of 150 peer-reviewed scientific publications on this subject.

I strongly support the contention that aluminum adjuvants in vaccines may have a role in the etiology of autism spectrum disorder (ASD). My view is founded on a significant and burgeoning body of peer-reviewed scientific evidence which makes the link between ASD and exposure to aluminum through vaccinations and other sources. Examples of this literature from my own group are detailed below and I urge the HHS to take them into consideration in forming any future opinion on the safety of aluminum adjuvants in vaccines.

The Center for Disease Control's claim on its website that "Vaccines Do Not Cause Autism" is unsupported with respect to aluminum adjuvants and this claim stifles the important research to determine the safety of aluminum adjuvants used in vaccines. As an expert in the field of aluminum adjuvants and aluminum toxicity I solemnly declare that more research on the role of aluminum adjuvant in vaccines and neurological disorders, including ASD, is essential and urgently required.

Yours faithfully

Christopher Exley PhD, Professor in Bioinorganic Chemistry, Keele University, United Kingdom

**You can view the 23 references in Appendix B**

## W.H.O. official admits, because the public is naive about the danger of aluminum, it's better to defend its presence in vaccines than incur the costs of finding an alternative!

Listen to the callousness and complete lack of understanding of the difference between right and wrong by this official with the World Health Organization and reported on page 49 of the transcripts from the following workshop…. ***Department of Health and Human Services, National Vaccine Program Office, and Task Force for Child Survival and Development***. Transcript of presentations at: **Workshop on Aluminum in Vaccines**; San Juan, Puerto Rico; May 11, 2000:1-263.

"Some health authorities seemed to admit that even if aluminum is dangerous, it would be burdensome to remove it. For example, according to **Dr. John Clements with the World Health Organization's Expanded Programme on Immunization**, "There are not easy and obvious substitutes to aluminum adjuvants.... **The existing vaccines, if they change the adjuvant for any reason, would need to be resubmitted for clinical trials for safety and efficacy and it would take a great deal of time to do that." Furthermore, "Aluminum is not perceived, I believe, by the public as a dangerous metal. Therefore, we are in a much more comfortable wicket in terms of defending its presence in vaccines*." Can you believe that quote?!**

*Department of Health and Human Services, National Vaccine Program Office, and Task Force for Child Survival and Development). Transcript of presentations at: Workshop on Aluminum in Vaccines; San Juan, Puerto Rico; May 11, 2000:1-263.

## Even vaccine industry experts cite "pervasive uncertainty" about the safety of aluminum for humans.

From that same workshop ( https://archive.hhs.gov/nvpo/nvac/documents/Aluminumws.pdf ), comes the following quote, "From the ***Metal Ions in Biology and Medicine International Symposium*** held immediately prior to the aluminum workshop, we learned about **"pervasive uncertainty", a phrase used in this workshop to denote missing data on pharmocokinetics and toxicities of aluminum injected into humans.**" **That clearly indicates, that even in such a high-level scientific symposium attended by scientists, researchers and doctors, that there is a pervasive (widespread) uncertainty about injecting aluminum into humans. Yet, not only has that practice continued since then (the year 2000), it had expanded greatly, even without adequate safety studies!!!!**

## Vaccines containing aluminum, deposit 33 times more aluminum in tissues than injecting a solution containing aluminum alone

Just in case you are not yet convinced, let me give you a brand-new October 31, 2018 study from the veterinary journal of the ***American College of Veterinary Pathologists*** called ***Veterinary Pathology.*** This study titled, **Granulomas Following Subcutaneous Injection with Aluminum Adjuvant-Containing Products in Sheep**, confirms what the other studies we just looked at found. **Granulomas containing aluminum form at the injection sites and the aluminum travels to the lymph nodes and beyond.** https://www.ncbi.nlm.nih.gov/pubmed/?term=30381018

http://journals.sagepub.com/doi/abs/10.1177/0300985818809142?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed

**From the Study:**

1. Those granulomas contain large amounts of aluminum
2. Immune cells work to break down the granulomas
3. They then transport the aluminum particles into the local lymph nodes
4. From there the aluminum is distributed to distant "target organs and tissues", including the brain, kidneys, bones and other organs and tissues.

**Interestingly, the vaccine containing the aluminum adjuvant deposited 33 TIMES more aluminum into the lymph nodes than the shots containing aluminum alone.**

The aluminum adjuvant used was **Alhydrogel**, the same one referenced elsewhere in this document used in human vaccines. The placebo group was injected with simple saline solution.

- **100% of the vaccine group developed nodules that were larger and "round and conspicuous"**
- **92% of the aluminum adjuvant only group developed nodules that were flat and "plaque like"**
- **0% of the placebo group developed nodules**

The tissue in the granulomas of the vaccine group was dead, described as **"massive central sterile caseous necrosis".**

"Vaccine-induced nodules were round and conspicuous (Fig. 4), whereas adjuvant-only–induced nodules tended to be plaque-like or at least not as round (Fig. 5). In both groups, nodule size was generally within a range of 0.5 and 2cm. However, especially in the adjuvant-only group, some nodules were difficult to locate because of their small size."

**Part of the stated reason for doing this study is because sheep are experiencing the same type of autoimmune complex symptoms called ASIA following vaccination as some humans! As discussed previously, ASIA stands for Autoimmune/Inflammatory Syndrome Induced by Adjuvants.**

"To date, ovine *(Sheep)* ASIA syndrome is **consistently** observed in field conditions, and **there is an urgent need to understand its pathogenesis to control its effects.**"

## Seven childhood vaccines containing aluminum, some given together in multiple dose vaccines called out as a high risk for toxicity

A 2013 study from the Journal of ***Biomolecular Concepts*** titled, **The meaning of aluminium exposure on human health and aluminium-related diseases**, takes a critical look at vaccine aluminum adjuvants and their association with neurological and immunological disorders, as well as their role in Gulf War Syndrome." https://www.ncbi.nlm.nih.gov/pubmed/?term=25436567

**From the study:**
"**Aluminium is unquestionably neurotoxic**, as has been well demonstrated in multiple experimental animals and in clinical practice."

**"In recent years, humans have probably experienced a burgeoning exposure** to biologically reactive aluminium, with possible relevant consequences for human health and disease."

"Some concerns have been raised in recent years **regarding the possible adverse effects of aluminium in childhood vaccines on the maturation of the immune system. In fact, aluminium is used as an adjuvant in multiple childhood vaccines, including DtaP, Pediatrix (DtaP, hepatitis B, polio combination), Pentacel (DtaP, HIB, polio combination), hepatitis A, hepatitis B, *Haemophilus* influentiza B (HIB), human papilloma virus (HPV) and pneumococcal vaccines. *(Bear in mind that this does not even take into account the mercury and aluminum in the vaccines recommended to pregnant women!).***

**"Taken all together, these data clearly indicate that aluminium represents a significant component of exposure of humans to xenobiotics and contaminants and that newborns are at risk of aluminium-related toxicity not only in the perinatal period, but also in childhood and in adulthood. To alert the medical community about the risk humans are experiencing from aluminium exposure represents an ambitious but measured plan that could be initiated, extending with caution information to pregnant women and to mothers about the vulnerability of infants to early exposure to this contaminant. Moreover, food manufacturers should be forced to indicate on labels the level of aluminium contained in every food product, with particular care for neonatal products, to reduce aluminium-related human pathologies, with the hope of halting the epidemic increase of neurodegenerative diseases in elderly people."**

**Gulf War Syndrome**

**"Recently, adjuvant aluminium hydroxide has been also associated with Gulf War syndrome, which has been hypothesized to be linked to the multiple vaccines that soldiers underwent during their participation in the Persian Gulf War."**

"Previously described as chronic fatigue syndrome, Gulf War syndrome (GWS) is a multisymptom condition described **in a significant percentage** of USA veterans of the 1991 conflict known as the Gulf War who, months after their return home, experienced muscle fatigue associated with impaired cognition, ataxia, diarrhoea, bladder dysfunction, headache, arthralgia, skin rashes and sleep disturbances. **A subset of veterans of the 1991 Persian Gulf War developed a severe motor neuron disease, virtually indistinguishable from classical amyotrophic lateral sclerosis (ALS), except for the age of onset.** Whereas numerous environmental factors have been linked to the origin of GWS**, the role of the adjuvant aluminium hydroxide associated to the multiple vaccines that Western army soldiers underwent during the months before their departure to the Persian Gulf War has come under increasing scrutiny**. **Recently, GWS, together with other syndromes linked to previous exposure to an adjuvant, including macrophagic myofascitis syndrome (MMS), siliconosis and other post-vaccination adverse effects, have been included in the autoimmune/inflammatory syndrome induced by adjuvants, the ASIA syndrome**."

## Researchers cite "strong" evidence of an aluminum/autism connection

A 2012 article from the Journal ***Entropy*** titled, **Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure**, contains large amounts of data implicating vaccines, especially aluminum containing vaccines and autism. **It also cites acetaminophen as a co-conspirator.** You can download the full article from the link on the left side of the page.
http://www.mdpi.com/1099-4300/14/11/2227

**Abstract:**
**"**Autism is a condition characterized by impaired cognitive and social skills, associated with compromised immune function. The incidence is alarmingly on the rise, and environmental factors are

increasingly suspected to play a role. This paper investigates word frequency patterns in the U.S. CDC Vaccine Adverse Events Reporting System (VAERS) database. **Our results provide strong evidence supporting a link between autism and the aluminum in vaccines**. A literature review showing toxicity of aluminum in human physiology offers further support. Mentions of autism in VAERS increased steadily at the end of the last century, **during a period when mercury was being phased out, while aluminum adjuvant burden was being increased.** Using standard log-likelihood ratio techniques, we identify several signs and symptoms that are significantly more prevalent in vaccine reports after 2000, **including cellulitis, seizure, depression, fatigue, pain and death, which are also significantly associated with aluminum-containing vaccines.** We propose that children with the autism diagnosis are especially vulnerable to toxic metals such as aluminum and mercury **due to insufficient serum sulfate and glutathione**. **A strong correlation between autism and the MMR (Measles, Mumps, Rubella) vaccine is also observed, which may be partially explained via an increased sensitivity to acetaminophen administered to control fever."**

"**But, most interesting for our purposes were the association of fever** ($p$ = 0.024) **and autism** ($p$ = 0.0067) **with MMR.** There were a total of 1840 adverse reactions mentioning fever in the MMR set. This suggests to us that the acetaminophen connection may be correct—**that the fever associated with MMR exposure is treated with acetaminophen, which then becomes toxic to the brain of the child predisposed toward autism, because of their inability to dispose of it. Acetaminophen would also deplete sulfate needed to detoxify aluminum in any concurrent aluminum-containing vaccine such as DTaP."**

**From the article:**
**"**The ASD community has maintained a long-standing conviction that vaccination plays a causative role in ASD, an idea that has been vehemently denied by the vaccine industry, but nonetheless is still hotly debated. A study published in 2011 has confirmed a positive correlation between the proportion of children who received vaccinations in each state over the interval from 2001 to 2007 and the incidence of autism or speech and language impairment. **For each 1% increase in vaccination rate, 680 additional children were diagnosed with autism or speech delay."**

"The Food and Drug Administration (FDA) has set an upper limit of 5 micrograms Al/kg/day for neonates and individuals with impaired kidney function. A highly informative recent review of a possible relationship between aluminum toxicity and Alzheimer's disease also discussed issues related to the aluminum burden in children's vaccines. There, it was pointed out that **children today receive a cumulative aluminum burden from vaccines that may exceed the FDA limit by a factor of 50**."

"**Since aluminum is a known neurotoxin, there is no safe level. The central nervous system is particularly susceptible to the deleterious effects of aluminum. Exposure of human neuronal cells to a low concentration (100 nM) of aluminum sulfate induces a response that emulates the gene expression changes associated with Alzheimer's disease."**

"All of the significant symptoms in the table—macule, cellulitis, blister, seizure, abscess, death, and low appetite—are also significant symptoms associated with the vaccines containing aluminum. **This result further supports the possibility that the aluminum in these vaccines administered to young children may be even more toxic than the mercury**."

**"This strong association does not however exclude mercury as a contributor to autism, given that Hep B has both mercury and aluminum. In fact, mercury and aluminum together may be synergistically toxic."**

**"A highly significant correlation is found between "autism" and "Hep-B"** (*p* = 0.0014), confirming the results reported in Gallagher CM, Goodman MS. **Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997–2002**. ***J Toxicol Environ Health*** A 2010;73(24):1665–1677. https://www.ncbi.nlm.nih.gov/pubmed/?term=21058170

**From the article:**
**"Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period."**

## All of the vaccines and direct access to their package inserts containing all the ingredients including aluminum levels can be found here > http://www.immunize.org/fda/

**Keep in mind, when the amount is listed as milligrams (mg), you have to multiply by 10 to convert it to micrograms (mcg or sometimes noted as µg). For example, 85 mg is equivalent to 850 mcg.**

1 gram (g) = 100 milligrams (mg) = 1,000 micrograms (mcg or µg)

## Children get 112 times the FDA daily safe level of aluminum by the FDA, by 18 months of age!

***The total amount of aluminum given to children in routine vaccines by age 18 months, is approximately 112 times (11,200 percent), greater than the daily amount deemed safe intravenously by the FDA for an average size baby at 23 pounds.***

While it is true that the aluminum is given in "batches" throughout that 18 months as reported above, sometimes those batches include up to 1,000 mcg at a time. And all the while, more and more is being stored in the brain and other organs.

More information on allowable levels and effects of aluminum toxicity in infants and children can be found here:
[**Aluminum Toxicity in Infants and Children, Committee on Nutrition,** American Academy of Pediatrics, ***Pediatrics*** Volume 97, Number 3, March 1996, pp. 413-416.
http://pediatrics.aappublications.org/content/pediatrics/97/3/413.full.pdf

## Aluminum causes a release of neurotoxins from the brain's immune cells

Another article titled **Aluminum Induced Immuno-excitotoxicity in Neurodevelopmental and Neurodegenerative Disorders** implicates aluminum. It is from ***Current Inorganic Chemistry*** 2012, 2, 46-53, by ***Russell Blaylock MD*** a prominent neurosurgeon.
http://www.geoengineeringwatch.org/documents/Aluminum-Blaylock.pdf

**Abstract:**
"A great deal has been learned about the neurotoxicity of aluminum over the past two decades in terms of its ability to disrupt cellular function. Newer evidence suggests that a more central pathophysiological mechanism may be responsible for much of the toxicity of aluminum and aluminofluoride compounds on the brain. **This mechanism involves activation of the brain's innate immune system, primarily the microglia, with a release of neurotoxic concentrations of excitotoxins and pro-inflammatory cytokines, chemokines and immune mediators**. A large number of studies suggest that excitotoxicity plays a significant role in the neurotoxic action of a number of metals, **including aluminum**. Recently, researchers have found that **while most of the chronic neurodegenerative effects of these metals are secondary to prolonged inflammation, it is the enhancement of excitotoxicity by the immune mediators that is responsible for most of the metal's toxicity.** This enhancement occurs *via* a crosstalk between cytokine receptors and glutamate receptors. The author coined the name immune-excitotoxicity to describe this process. **This paper reviews the evidence linking immune-excitotoxicity to aluminum's neurotoxic effects.**

## Another study implicates aluminum and fluoride as triggering co-conspirators in autism, based on a brain immune-excitotoxicity mechanism

A 2018 study from the journal of ***Surgical Neurology International*** titled, **Immunoexcitotoxicity as the central mechanism of etiopathology and treatment of autism spectrum disorders: A possible role of fluoride and aluminum**, points to brain immune overactivation/excitation from aluminum and fluoride as the central players in the development of neurodevelopmental, neurodegenerative conditions and ASD. This study is extensive with 297 references.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5909100/?report=printable

**The Abstract:**
"**Our review suggests that most autism spectrum disorder (ASD) risk factors are connected, either directly or indirectly, to immunoexcitotoxicity**. Chronic brain inflammation is known to enhance the sensitivity of glutamate receptors and interfere with glutamate removal from the extraneuronal space, where it can trigger excitotoxicity over a prolonged period. Neuroscience studies have clearly shown that sequential systemic immune stimulation can activate the brain's immune system, microglia, and astrocytes, and that with initial immune stimulation, there occurs CNS microglial priming. **Children are**

**exposed to such sequential immune stimulation via a growing number of environmental excitotoxins, vaccines, and persistent viral infections. We demonstrate that fluoride and aluminum ($Al^{3+}$) can exacerbate the pathological problems by worsening excitotoxicity and inflammation. While $Al^{3+}$ appears among the key suspicious factors of ASD, fluoride is rarely recognized as a causative culprit**. A long-term burden of these ubiquitous toxins has several health effects with a striking resemblance to the symptoms of ASD. **In addition, their synergistic action in molecules of aluminofluoride complexes can affect cell signaling, neurodevelopment, and CNS functions at several times lower concentrations than either $Al^{3+}$ or fluoride acting alone. Our review opens the door to a number of new treatment modes that naturally reduce excitotoxicity and microglial priming**."

**One rationale for the predominance of male associated ASD-**

"**Population of the developing brain with microglia varies with sex, with males having a significantly greater number of microglia early after birth (P4–postnatal day) than females in brain regions concerned with cognition, learning, and memory (hippocampus, parietal lobe, and amygdala). The onset of the dramatic increase in brain microglia in males coincides with the rise in their testosterone levels, somewhere around E18 (embryonic day 18). As a result, males are more likely to be diagnosed with early onset neurological disorders, such as ASD, dyslexia, and ADHD**."

**"Females were shown to have a greater number of microglia than males, but this appeared later in development (P30–60)…. In humans, females increase the number of their microglia with increasing age."**

**Microglia concentration in cerebellum and autism spectrum disorder**

"**Several studies have shown the cerebellum to be the most involved area of the brain in ASDs**. **Vargas *et al*. found extensive damage to the cerebellum in both younger and older autistic cases**. As with the cortical areas of the brain, microglia also play a critical role in cerebellar development, which includes neurite outgrowth, synaptic pruning, debris clearance, apoptosis, and axon and dendritic development. Likewise, microglia during cerebellar development undergo morphologic alterations, changing from amoeboid to ramified as development proceeds. **It is now appreciated that the cerebellum has nonmotor functions that include control of attention, working memory, language, emotional elaboration, reward, and other higher functions. The human cerebellum matures postnatally with the greatest acceleration of growth and neural organization during the first two years after birth.**

**What activates the microglia?**

"Microglia can be activated by peripheral autoantibodies, as are frequently seen in autistic patients. Elevations in peripheral cytokines and chemokines by other mechanisms, **such as exposure to neurotoxic metals, certain pesticides/herbicides, stress, trauma, ischemia/hypoxia, and autoimmune disorders, can also activate brain microglia**, principally involving IL-1b and tumor necrosis factor-alpha (TNF-α)."

**ALUMINUM AS A NERUOTOXIN**

"There are a number of $Al^{3+}$ sources, such as the drinking water, dietary substances, cosmetics, and the **widespread use of $Al^{3+}$ in medicine, namely in vaccines. Many investigations show that $Al^{3+}$ can elicit impairment of development and immunity; that it acts as a hormonal disruptor, a neurotoxin, and elicits intense and prolonged activation of brain inflammation. $Al^{3+}$ toxicity in humans, especially as regards the CNS, has been studied and discussed by several authors [e.g. 23,171,256,271. It is not surprising that $Al^{3+}$ appears among the environmental toxins, which can participate in the etio-pathology of ASD."**

**ALUMINUM AND FLUORIDE EXPOSURE INDUCES MICROGLIA ACTIVATION, INCREASES GLUTAMATE BLOOD AND BRAIN LEVELS AND ABNORMALITY IN THE DEVELOPING BRAIN AND NEURODEGENERATION**

**"Recent studies have also shown that both fluoride and $Al^{3+}$, as well as $AlF_x$ can induced microglial, astrocyte and B-cell activation, with resulting increases in blood and brain ROS, RNS, and LPP. Because both $Al^{3+}$ and fluoride accumulate in the brain with chronic exposure, even low dose exposure of these two elements can eventually result in neurotoxic concentrations. There is compelling evidence from a multitude of studies indicating that fluoride and micromolar $Al^{3+}$. acting synergistically, can elevate blood and brain glutamate to levels known to cause alterations in the developing brain, as well as initiate brain inflammation, and neurodegeneration. We suggest that both of these ubiquitous environmental toxins have a substantial role in the immunoexcitotoxicity and the etiopathology of ASD."**

**From the Conclusion:**

**"It also explains why ASD has not disappeared despite the removal of mercury from most childhood vaccines, since excessive immune activation is the initiating and sustaining event in ASD. Evidence is presented that the abundance of fluoride added to the water worldwide and the widespread availability of aluminum particularly to infants and young children through aluminum containing vaccinations, singly or together as aluminofluoride can be potent factors in producing the condition of immunoexcitotoxicity that leads to the pathological changes seen in ASD. The vaccination program should be evaluated to reduce the excessive stimulation of immature immune system and to replace $Al^{3+}$-adjuvants."**

## Study finds a strong association between the measles component of the MMR and antibody reaction resulting in central nervous system autoimmunity and autism

This study published in the ***Journal of Biomedical Sciences*** in 2002 titled, **Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism**, describes a statistically significant

correlation between laboratory findings of an unusual MMR antibody specific only to the measles component of the vaccine in 60% of autistic children and none of the controls (non-autistic children). https://www.ncbi.nlm.nih.gov/pubmed/12145534

**The abstract:**
"**Autoimmunity to the central nervous system (CNS), especially to myelin basic protein (MBP), may play a causal role in autism**, a neurodevelopmental disorder. Because many autistic children harbor elevated levels of measles antibodies, we conducted a serological study of measles-mumps-rubella (MMR) and MBP autoantibodies. Using serum samples of 125 autistic children and 92 control children, antibodies were assayed by ELISA or immunoblotting methods. ELISA analysis **showed a significant increase in the level of MMR antibodies in autistic children**. Immunoblotting analysis revealed the presence of an unusual MMR antibody in 75 of 125 (60%) autistic sera but not in control sera. This antibody specifically detected a protein of 73-75 kD of MMR. This protein band, as analyzed with monoclonal antibodies, was immunopositive for measles hemagglutinin (HA) protein but not for measles nucleoprotein and rubella or mumps viral proteins. **Thus the MMR antibody in autistic sera detected measles HA protein, which is unique to the measles subunit of the vaccine**. **Furthermore, over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, suggesting a strong association between MMR and CNS autoimmunity in autism**. **Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism**."

# Parental autoimmune disease as a risk factor for having an autistic child

## A family history of autoimmune disease is a risk factor for autism

A 2015 article published in the journal of ***Neuroscience and Behavioral Reviews*** titled, **Family history of autoimmune diseases is associated with an increased risk of autism in children: A systematic review and meta-analysis**, implicates family history of autoimmune disease and autism. https://www.ncbi.nlm.nih.gov/pubmed/?term=25981892

From the article: "A total of 11 articles were included in the meta-analysis, including 3 cohort studies, 6 case-control studies, and 2 cross-sectional studies. **The meta-analysis showed that family history of all ADs combined was associated with a 28% (95% CI: 12-48%) higher risk of autism in children**."

### Aluminum even has damaging effects on heart tissue

A 2018 study in the Journal ***Environmental Pollution*** titled, **Aluminum: A potentially toxic metal with dose-dependent effects on cardiac bioaccumulation, mineral distribution, DNA oxidation and microstructural remodeling**, demonstrated **the mitochondrial and DNA oxidative damage affects other**

**organs than the brain and nervous system, in this case the heart**.
https://www.ncbi.nlm.nih.gov/pubmed/30032078

**From the Abstract:**
"**Our findings indicated that the heart was sensitive to Al-mediated toxicity**, especially in animals treated with the three highest doses of Al. In response to Al-induced loss of the parenchyma, heart stroma exhibited a reactive and compensatory expansion, which, in combination with the increased distribution of thick myofibrils and degenerated mitochondria in cardiomyocytes, provides morphological evidence that cardiac tissue adaptations are not enough to adjust the relationships between the parenchyma and stroma until a steady state is reached, **resulting in continuous pathological remodeling potentially associated with Al-induced proinflammatory and pro-oxidant events.**

## All aluminum is brain damaging, but the nanoparticle size is even more harmful

A 2018 article from the Journal ***Biological Trace Element Research*** titled, **Size-Dependent Neurotoxicity of Aluminum Oxide Particles: a Comparison Between Nano- and Micrometer Size on the Basis of Mitochondrial Oxidative Damage** found that all forms of aluminum caused severe oxidative stress, mitochondrial damage and that nanoparticles were even more toxic, even penetrating further into the brain. https://www.ncbi.nlm.nih.gov/pubmed/28856594

Note: *AlNPs = Aluminum Nanoparticles and AlMPs = Aluminum Microparticles. Nanoparticles are smaller than microparticles.*

**From the Abstract:**
"**Aluminum nanoparticles (AlNPs)** are among the most abundantly produced nanosized particles in the market. There is limited information about the potential harmful effects of aluminum oxide due to its particle size on human health. **Considering the toxic effects of Al on brain as its target tissue, in this study, the toxicity of nanoparticles, microparticles, and ionic forms of Al on rat brain and isolated mitochondria was evaluated.**"

"The results showed that **all forms of Al particles induced ROS formation, lipid peroxidation, protein oxidation, glutathione depletion, mitochondrial dysfunction, and gait abnormalities in a dose-dependent manner. In addition, Al particles decreased mitochondrial membrane potential. These data indicated that oxidative stress might contribute to the toxicity effects of Al.** Comparison of oxidative stress markers between all forms of Al revealed that **the toxic effect of AlNP on brain tissue was substantially more than that caused by AlMP and bulk form. This study showed more neurotoxicity of AlNPs compared to other forms on brain oxidative damage that probably is due to more penetration into the brain**."

## Vaccine researchers like the smaller nanoparticle aluminum hydroxide because it has a stronger adjuvant effect, BUT as the last study cited, it also causes more brain damage!

**Now, as you read this article summary, take the last statement of the last article into consideration relative to the evidence showing that the smaller nanoparticle aluminum penetrates deeper into the brain and does more damage.**

A 2014 study published in the ***Journal of Controlled Release*** titled, **Aluminum hydroxide nanoparticles show a stronger vaccine adjuvant activity than traditional aluminum hydroxide microparticles**, looks at the enhanced adjuvant response of the smaller nanoparticle size aluminum, but at what cost to the health of the individual being injected with it?
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3918952/

**The Abstract:**
"Aluminum hydroxide is used as a vaccine adjuvant in various human vaccines. Unfortunately, despite its favorable safety profile, aluminum hydroxide can only weakly or moderately potentiate antigen-specific antibody responses. When dispersed in an aqueous solution, aluminum hydroxide forms particulates of 1–20 µm. **There is increasing evidence that nanoparticles around or less than 200 nm as vaccine or antigen carriers have a more potent adjuvant activity than large microparticles.** In the present study, we synthesized aluminum hydroxide nanoparticles of 112 nm. Using ovalbumin and *Bacillus anthracis* protective antigen protein as model antigens, we showed that protein antigens adsorbed on **the aluminum hydroxide nanoparticles induced a stronger antigen-specific antibody response than the same protein antigens adsorbed on the traditional aluminum hydroxide microparticles of around 9.3 µm**. The potent adjuvant activity of the aluminum hydroxide nanoparticles was likely related to their ability to more effectively facilitate the uptake of the antigens adsorbed on them by antigen-presenting cells. Finally, the local inflammation induced by aluminum hydroxide nanoparticles in the injection sites was milder than that induced by microparticles. Simply reducing the particle size of the traditional aluminum hydroxide adjuvant into nanometers represents a novel and effective approach to improve its adjuvanticity." ***Vaccine manufacturers love the idea of an improved adjuvant effect by the smaller particle size. Unfortunately, as the previous study indicated, the smaller the particle size, the more neurotoxic they are.***

# *COMBINATIONS OF ALUMINUM & MERCURY CONTAINING VACCINES POSE SERIOUS RISK*

# Aluminum when mixed with mercury is especially toxic!

## Mercury combined with aluminum- A volatile combination

**Prior to learning of this study and as I was doing research for this article I thought to myself, I wonder what would happen if mercury and aluminum came in contact with one another? This is what I found…**

In looking at the **Material Safety Data Sheet for Thimerosal**, I noticed on page 3, in section 10 titled Stability and Reactivity, ( http://www.gihonlab.com/farmo1.php ), **that it will react with aluminum and reducing agents and that they should be avoided**. So that got me to thinking. I wonder if the vaccines containing thimerosal past and present were ever given in combination with vaccines that contain aluminum. I checked the CDC Vaccine Ingredient List and cross referenced it to their recommended shot schedule and found out that they frequently are!

**So, I wondered…how does mercury react with aluminum?** So, I Googled it and found these two short videos. **These reactions are MASSIVE**. Obviously, these videos show it on a large scale/direct contact fashion, but what about on a microscopic level in the body? We know that metals can react with minerals in the body and that metals can react with metals in the body. Regardless, these videos are a very graphic and visible look at this very real chemical reaction. (**remember the Material Safety Data Sheet (MSDS) on aluminum I referred to earlier, that warned about mercury reacting with aluminum?**)

https://www.youtube.com/watch?v=Z7Ilxsu-JlY

https://www.youtube.com/watch?v=NauUM5ySWYQ

**These dramatic examples make the graphic I just showed about the increased neurotoxicity of combining mercury and aluminum much more understandable.**

## Aluminum and mercury combined cause much greater percentage of brain cell death

In many cases, thimerosal and aluminum containing vaccines are given at the same time. In this study titled, **Mercury toxicity: Genetic susceptibility and synergistic effects**, **Dr. Boyd Haley**, former professor of medicinal chemistry and ***chairman of the chemistry department at the University of Kentucky***, published a study in which he investigated the effect of combining aluminum hydroxide with thimerosal. In this study, cultured neurons showed no significant cell death six hours after they were exposed to just aluminum; more than 90% survived. Thimerosal alone also caused few neurons to die after six hours of exposure. Again, more than 90% survived. **However, when cultured neurons were exposed to**

**aluminum and thimerosal, only about 40% survived after six hours, clearly demonstrating synergistic toxicity** (Figure 3). http://www.1796kotok.com/pdfs/haley.pdf

**This is one of the most telling graphics I have seen to show how dangerous mixing Thimerosal (mercury) and aluminum is.**

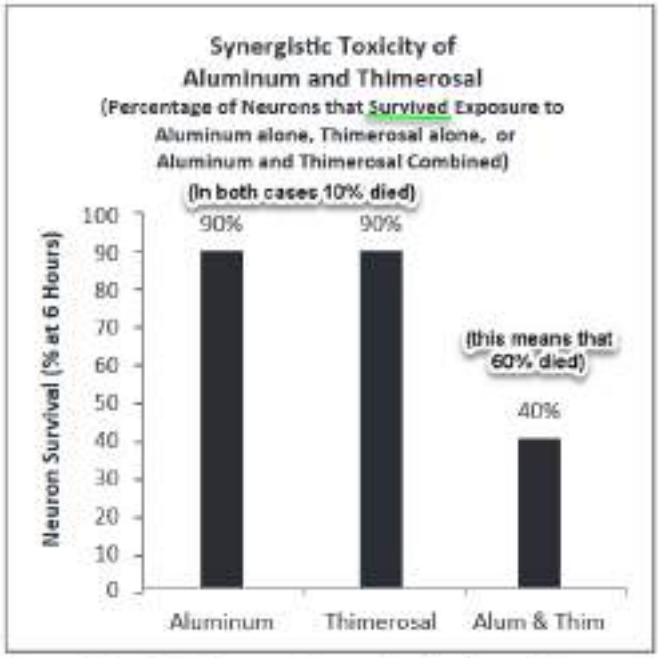



**Figure 3.** Survival of Neurons Exposed to Aluminum, Thimerosal, or Both

"**In summary, mercury build up in the brain tissue has the ability to cause the equivalent of a biochemical train wreck. Most importantly, the axon, which contains tubulin, is rapidly and effectively disrupted by Hg2+. Many pathways and many supramolecular structures are injured by mercury similar to the aberrancies observed in AD brain pathology and biochemistry**." *(AD stands for Alzheimer's Disease)*

Another interesting aspect of the experiments was that they added neomycin an antibiotic that is common in vaccines (along with others from the same antibiotic family). They found that the neomycin combined with either the aluminum or the mercury caused an even greater loss of brain cells AND that the antibiotic prevents excretion of the heavy metals, thus allowing additional accumulation in the brain and other organs.

**From the article:**
"It is also known that certain antibiotics greatly enhance the toxicity of thimerosal in ocular solutions and that antibiotics prevent test animals from effectively excreting mercury."

## It is a fact that metals react and bind with other metals even essential minerals in the body.

Here is an article describing some of those interactions from the ***Annual Review of Nutrition*** https://www.ncbi.nlm.nih.gov/pubmed/?term=9240918

**From the article:**
"Cadmium, lead, mercury, and aluminum are toxic metals that may interact metabolically with nutritionally essential metals. Iron deficiency increases absorption of cadmium, lead, and aluminum. Lead interacts with calcium in the nervous system to impair cognitive development. Cadmium and aluminum interact with calcium in the skeletal system to produce osteodystrophies *(bone diseases)*. Lead replaces zinc on heme enzymes and cadmium replaces zinc on metallothionein. **Selenium protects from mercury and methylmercury toxicity**. **Aluminum interacts with calcium in bone and kidneys, resulting in aluminum osteodystrophy. Calcium deficiency along with low dietary magnesium may contribute to aluminum-induced degenerative nervous disease**."

## A 2017 study calls for the elimination of metal adjuvants from vaccines

A 2017 article from the ***International Journal of Environmental Research and Public Health*** titled, **The Metal Neurotoxins: An Important Role in Current Human Neural Epidemics?**, sheds light on the dangerous effects of metals in the development of neurological diseases. **It reports on the significant increases of miscarriages in the 2009-2010 influenza campaign. In that same year, two flu shots were recommended to pregnant women**. It discusses genetic susceptibility. **It also calls for the immediate removal of metals from vaccines**. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5750929/

"**Now, global neurological illnesses that are widespread and cover general populations are becoming increasingly evident in epidemic numbers especially in young children and in the aged, and appear to result from anthropogenic environmental causes undoubtedly coupled to genetic susceptibilities. Autism in children affects male/female babies in a ratio of roughly four to one, possibly indicating an additional role of hormones**. **Overall, its rate of occurrence has increased in the recent period of 30 years by several orders of magnitude**." ***It is ironic that the last 30 years have seen a huge uptick of vaccines containing mercury and more recently aluminum.***

"However, it emphasized the realization that **a fetus in pregnancy had to be considered differently from adults and that toxic substances could be far more life changing to fetal brains and bodies in development**. **The question of damaging the brain is very different with children, whose brains are still small and forming, whereas adults have fully-developed brains that may be damaged, but in different ways.**"

"Mercury is **highly neurotoxic** in organic forms, such as the methylmercury in fish, **and thimerosal still used in some vaccines.**"

"Mercury, another **potent neurotoxicant** documented through the centuries has also come to the forefront in recent decades. This is mainly through **concerns due to its presence as the organometallic**

**thimerosal in vaccines**."

"**It's toxicology is well documented**. Additionally, monkey blood and brain studies have clearly **confirmed organic mercury's ability to enter the brain**. For ethylmercury, from thimerosal, about one-third becomes inorganic and **two-thirds remains organic**."

**"One report noted the enhanced rate of miscarriages in the US during the 2009/2010 influenza vaccine period. For the first and last time, pregnant women were given two different influenza vaccines instead of the normal one during any trimester. They both contained thimerosal. The analysis showed that miscarriages that year increased by more than an order of magnitude compared to earlier or later years."**

"To be prudent, one important step would be **to initiate testing to establish the baseline values of these neurotoxicant metals in all women of child-bearing ages**. In some cases waiting until pregnancy may be too late and **this might also reduce the high rates of miscarriages that now are reported**."

"Additionally, **governmental changes and directives are clearly needed concerning vaccines and any neurotoxic content**. Canada is one country that already has taken action, **particularly with regard to safer vaccines for pregnancy.**"

**"Consequently, the recent introduction of aluminum hydroxide as the dominant adjuvant in many US vaccines has now modified the situation and requires renewed studies**. Consequences of such inoculations have been analyzed far less, but **one very extensive review now accepts that the levels of absorption by the body will be much higher**. **Additional studies have suggested that this alone is a high medical risk for neurological complications**. In addition although the documentation concerning the known ingress/egress transport across the blood-brain barrier (BBB) remains hazy for Al, it has been shown to occur."

"**Interestingly, aluminum also has recently been blamed as a risk factor in male infertility**."

"As a result, the main elemental inorganic neurotoxicants of concern to the general public center on Al, As, Hg, Pb, Mn, and Se chemistries and merit in depth examination. The first four of these are non-essential to the body **and serve no bodily purpose**." *(As = Arnenic, Hg = Mercury, Pb = Lead, Mn = Manganese and Se = Selenium).*

"Additionally, such observations are **also reported for fetal brain autopsies reflecting similar metals and confirming the mother/baby close inter-connection. Studies have clearly identified the presence of mercury, for example, that correlates directly to the maternal hair level**." ***(This clearly reflects that the metals from the mother pass through to the baby. Prenatal vaccines containing metals should not be given to the mother. In fact, as this study will suggest, any young woman planning on conceiving in the nest few years should avoid all sources of toxic metal exposure. A significant portion of those those metals remain stored in the body and are gradually released over time. Thus, a body burden of stored metals can impact the developing fetus).***

"…the present scientific examination of the numerous global blood monitoring databases for adults that include the concentrations of the neurotoxic elements, aluminum (Al), arsenic (As), lead (Pb), manganese (Mn), mercury (Hg), and selenium (Se) clearly indicate that, when considered in combination, for some, **the human body may become easily over-burdened**. This can be explained by changes in modern lifestyles. Similar data, solely for pregnant women, have been examined confirming this. All these elements are seen to be present in the human body and at **not** insignificant magnitudes."

"One observation is that many distributions for pregnant women are not too dissimilar from those of general populations. Women obviously have their individual baseline of neurotoxin values before pregnancy and any efforts to modify this to any significant degree is not yet clearly apparent."

"There are a certain fraction of people that lie well above the MRL values **and may be at risk, especially if genetically susceptible**. Additionally, **synergistic effects between neurotoxins and with other trace metals are now also being reported**. It appears prudent for women of child-bearing age to establish their baseline values well before pregnancy. Those at risk then can be better identified. Adequate instrumental testing now is commercially available for this. **In addition, directives are necessary for vaccination programs to use only non-neurotoxic adjuvants, especially for young children and all women of child-bearing ages.** Additionally, clearer directives concerning fish consumption must now be reappraised."

"**Additionally, the medical profession has to reassess its current general vaccination program. Although there is no denying this has been a tremendous success, it has now grown three- to four-fold in size in the last 30 years and has become excessive**. **It is twice as large as any other country**."

**"It can no longer be denied that this is contributing to body-burden, especially if administered in multiple doses at the same time. Such a practice has to be considered dangerous, irresponsible, and certainly should be ended. Furthermore, development and use of alternate adjuvants for neurotoxicant-free vaccines is critically needed."**

**My comment:**
***As of the 2018 CDC schedule, by six years old, a child in the US can have up to 44 inoculations that increase to a total, twelve years later of about 74." (In 2018, the CDC added a forth dose of DTap and a Hepatitis A shot, both by age 15 months. Both of those also contain aluminum and the DTaP contains 2 antibiotics that are not supposed to be used together).***

## Study identifies how oxidative stress from metals form very toxic and damaging by-products in the brain

A 2010 study published in the ***Journal of Molecular and Cellular Biochemistry*** titled, **Metals, oxidative stress and neurodegenerative disorders**, describes the way that oxidative stress wreaks havoc on the brain. The italicized sections are my explanation of the technical jargon from the study.
https://www.ncbi.nlm.nih.gov/pubmed/20730621

**From the abstract:**
"The increased level of oxidative stress in Alzheimer's Disease brain is reflected by the increased brain content of iron (Fe) and copper (Cu) both capable of stimulating free radical formation (e.g. hydroxyl radicals via Fenton reaction), ***(This is the same way mercury and aluminum do damage),*** increased protein and DNA **oxidation** in the Alzheimer's Diseased brain, enhanced lipid peroxidation, decreased level of cytochrome c oxidase and advanced glycation end products (AGEs), carbonyls, malondialdehyde (MDA), peroxynitrite, and heme oxygenase-1 (HO-1). AGEs *(Advanced Glycation End Products, which are damaged proteins)*, mainly through their interaction with receptors for advanced glycation end products (RAGEs), further activate signaling pathways, inducing formation of **proinflammatory cytokines such as interleukin-6 (IL-6).** ***The main takeaway of this very complex discussion is that oxidative stress from metals, toxins or other free radical initiating compounds are extremely destructive to the brain!***

"…the cause of neuronal death in neurological disorders appears to be multifactorial. However, it is **clear, that the underlying factor in the neurological disorders is increased oxidative stress** substantiated by the findings that the protein side-chains are modified **either directly by reactive oxygen species (ROS) or reactive nitrogen species (RNS), or indirectly, by the products of lipid peroxidation**." ***(These are free radicals, highly reactive molecules that rob electrons from others damaging them. This causes oxidative stress to the cells, including the lipids in the brain, i.e.lipid peroxidation. The brain is estimated to be nearly 60% fat, so fat damaging free radicals can be particularly destructive.***

This study titled **Essential fatty acids and human brain** published in 2009, emphasizes the critical role that fatty acids have in brain health, function and neuroprotection.
https://www.ncbi.nlm.nih.gov/pubmed/20329590).

**From the Abstract:**
"The human brain is **nearly 60 percent fat**. We've learned in recent years that **fatty acids are among the most crucial molecules that determine your brain's integrity and ability to perform**. Essential fatty acids (EFAs) are required for maintenance of optimal health but they cannot be synthesized by the body and must be obtained from dietary sources. Clinical observation studies has related imbalance dietary intake of fatty acids to impaired brain performance and diseases. **Most of the brain growth is completed by 5-6 years of age. The EFAs, particularly the omega-3 fatty acids, are important for brain development during both the fetal and postnatal period. Dietary decosahexaenoic acid (DHA) is needed for the optimum functional maturation of the retina and visual cortex, with visual acuity and mental development seemingly improved by extra DHA. Beyond their important role in building the brain structure, EFAs, as messengers, are involved in the synthesis and functions of brain neurotransmitters, and in the molecules of the immune system. Neuronal membranes contain phospholipid pools that are the reservoirs for the synthesis of specific lipid messengers on neuronal stimulation or injury**. These messengers in turn participate in signaling cascades that can either promote neuronal injury or neuroprotection. The goal of this review is to give a new understanding of how EFAs determine our brain's integrity and performance, and to recall the neuropsychiatric disorders that may be influenced by them. As we further unlock the mystery of how fatty acids affect the brain

and better understand the brain's critical dependence on specific EFAs, correct intake of the appropriate diet or supplements becomes one of the tasks we undertake in pursuit of optimal wellness.

**How does that relate to the discussion we just read about the damage caused by oxygen free radicals created by metals and toxins in the brain? When fat damaging free radicals like described above damage mitochondria and brain cells, a downward spiral of diminishing function and pathology ensues in the brain. Short term effects in the developing brain of an infant or child manifest as neurodevelopmental, learning or behavioral problems. And Lord knows, those are at an all-time high right now and increasing every year. In the long term especially under continued exposure, these changes and subsequent dysfunction can lead to cognitive decline, neurodegeneration and diseases like dementia, Parkinson's and Alzheimer's. And Lord knows, those are at an all-time high and increasing every year too. One thing is for sure. If we continue to do what we are currently doing and don't change anything, we are destined for destruction economically, societally and relationally. All the experts agree, diseases like autism, dementia, Parkinson's and Alzheimer's are difficult if not impossible to treat once established. Virtually all of them agree that PREVENTION IS THE KEY. We must work on investigating and making changes to the most probable suspects. In my opinion that MUST START WITH VACCINES. Still don't think so. Continue through the rest of this eBook and I believe you will change your mind.**

## The medical establishment shows no signs of coming to their senses on this issue-

On August 28, 2017, the American Academy of Pediatrics (AAP) recommended that newborns who weigh at least 2,000 grams (4.4 pounds) should receive their first dose of hepatitis B vaccine within 24 hours of birth. **This is absurd!** In addition to the evidence produced in this document, this next article on Dr. Mercola's site presents additional and compelling evidence showing the lunacy of this policy.

In fact, you may recall earlier in this eBook, I discussed a presentation in which Dr. Neal Halsey the ***Director of the Institute of Vaccine Safety at Johns Hopkins University*** stated the following:

"The recent ***American Academy of Pediatrics***/Public Health Service recommendation **to defer the first dose of hepatitis B vaccine for infants born to HBsAg negative mothers until 2-6 months of age has addressed the problem of exposure at birth, but the exposure to mercury at 2 months of age is much greater and we need to do more to reduce this potential exposure**." Dr. Halsey was discussing mercury, but the same logic would need to be followed with aluminum which is as or more neurotoxic than mercury.

As stated, the ***American Academy of Pediatrics*** **was quoted as recommending that the Hep B vaccine be delayed until between 2 and 6 months of age. That presentation was given in 1999. In that presentation, Dr. Halsey also states that 6 months would be better than 2 months, because the baby is larger at 6 months and their "target organ" (brains), are less vulnerable as a result. "Exposure to a fixed dose (e.g. 62.5 ug) of mercury at 2 months of age poses a greater potential risk than the same dose administered at 6 months of age because a child weighs more at 6 months and the target organ,**

**the brain, is more vulnerable early in life.**" **I find it curious that he calls the brain the "target organ". This sounds like a clear admission that the brain accumulates mercury and aluminum.**

Why the turn around with recommending the Hep B Vaccine at birth by the ***American Academy of Pediatrics (AAP)***? One would hope that Big Pharma hasn't gotten to them, but as Sheryl Attkisson an investigative reporter working for CBS News reported in 2009, there is a lot of drug company money going to the ***AAP.*** I will cover more on this later in this document, but her article titled, **How independent ARE Vaccine Defenders?** Cites the following:

"The vaccine industry gives millions to the Academy of Pediatrics for conferences, grants, medical education classes and even helped build their headquarters. The totals are kept secret, but public documents reveal bits and pieces."

- A $342,000 payment from Wyeth, maker of the pneumococcal vaccine - which makes $2 billion a year in sales.
- A $433,000 contribution from Merck, the same year the academy endorsed Merck's HPV vaccine - which made $1.5 billion a year in sales.
- Another top donor: Sanofi Aventis, maker of 17 vaccines and a new five-in-one combo shot just added to the childhood vaccine schedule last month.

https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

## An in-depth look at the science behind the dangers of vaccines given during brain development

http://articles.mercola.com/sites/articles/archive/2008/03/14/the-danger-of-excessive-vaccination-during-brain-development.aspx This article titled, **The Danger of Excessive Vaccination During Brain Development**, was also **written by Dr. Blaylock** and is an extremely comprehensive look at the science connecting the problems associated with the overload on the developing immune system from the onslaught of vaccinations that children face today. And, if the pharmaceutical industry has their way, the list will just continue to grow. **This article has 172 references!**

## A 2017 study cites the need for and lack of an accurate way to track the full extent of where the aluminum goes and is stored post-vaccination

A 2017 article published in the ***Journal of Regulatory Toxicology and Pharmacology*** titled, **Towards toxicokinetic modelling of aluminium exposure from adjuvants in medicinal products**, expresses concerns that sufficient data is not available as to what happens to the aluminum after being injected into the human body, especially with repetitive doses.
https://www.ncbi.nlm.nih.gov/pubmed/?term=28237896

**From the study:**
"As **a potentially toxic agent on nervous system and bone**, the safety of aluminium exposure from adjuvants in vaccines and subcutaneous immune therapy (SCIT) products has to be continuously re-evaluated, especially regarding concomitant administrations. For this purpose, **knowledge on absorption and disposition of aluminium in plasma and tissues is essential**. Pharmacokinetic data after vaccination in humans, however, **are not available**, and for methodological and ethical reasons difficult to obtain." They then go on to propose a model that they feel would provide a better method of evaluation of what happens to the aluminum once it is injected into the body.

## Studies show the metal adjuvants in vaccines may not even do what they're promoted to do, and higher levels relate to increasing adverse reactions

A 2009 study in ***The New England Journal of Medicine*** titled, **A Novel Influenza A (H1N1) Vaccine in Various Age Groups**, found that the vaccine **without** the aluminum adjuvant created a greater immune response and the local reactions were fewer.
https://www.ncbi.nlm.nih.gov/pubmed/?term=19846844

**From the article;**
"**Vaccine without adjuvant was associated with fewer local reactions and greater immune responses than was vaccine with adjuvant.**"

"The vaccines formulated without alum adjuvant were more effective in inducing an immune reaction in subjects than were vaccines with adjuvant. This lack of enhancement by the use of alum adjuvant was consistent with data from previous studies of other influenza vaccines. There were no significant differences in the immunogenicity of the 15-µg and 30-µg doses of nonadjuvant vaccine (Tables 2 and 3), in line with the results reported by Greenberg et al." This also demonstrates that the weaker dose vaccines resulted in equivalent immunogenicity.

**The conclusion stated:**
"These data suggest that a single dose of 15 µg of hemagglutinin antigen without alum adjuvant induces a typically protective immune response in the majority of subjects between 12 and 60 years of age."

### Adjuvants do not work as advertised anyway. So why increase risk with them then?

Another ***New England Journal of Medicine*** article, published in 2008 and titled, **A clinical trial of a whole-virus H5N1 vaccine derived from cell culture**, also finds that adjuvants did not improve the antibody response and in fact the maximum responses were obtained with the non-adjuvanted vaccines. https://www.ncbi.nlm.nih.gov/pubmed/18550874

**From the abstract:**

"**The use of adjuvants did not improve the antibody response.** Maximum responses to the vaccine strain were obtained with formulations containing 7.5 microg and 15 microg of hemagglutinin antigen without adjuvant. Mild pain at the injection site (in 9 to 27% of subjects) and headache (in 6 to 31% of subjects) were the most common adverse events identified for all vaccine formulations."

## Another article finds the adjuvant in the influenza vaccine ineffective

A 2006 article from the British medical journal ***Lancet*** titled, **Safety and immunogenicity of an inactivated split-virion influenza A/Vietnam/1194/2004 (H5N1) vaccine: phase I randomised trial** found similar results to the previous study. https://www.ncbi.nlm.nih.gov/pubmed/?term=16714186

**From the study abstract:**
"**Adjuvant did not improve the response to the lower doses.**"

## Increasing aluminum adjuvant increases risk of adverse reactions, but doesn't improve immune reactivity

A 2005 article published in the journal ***Vaccine*** titled, **Effects of lowering the aluminium content of a dTp vaccine on its immunogenicity and reactogenicity when given as a booster to adolescents**, comparing three different levels of aluminum adjuvant revealed some interesting results. Not only that, **but the greater levels of aluminum corresponded with increased adverse effects**. (Aluminium is the British way to spell aluminum.) https://www.ncbi.nlm.nih.gov/pubmed/15670888

The study took 647 subjects that had previously been vaccinated and compared three different levels of aluminum in the dTpa booster vaccine, 0.5 mg, 0.3 mg and 0.133 mg.

**From the results:**
"In terms of the immune response to diphtheria and tetanus, no significant difference was for 10d between the 0.5 mg group and each of the low aluminium content groups." *(They also provide 3 additional references to other studies that found the same result.)*

"Concerning anti-pertussis antibody responses, there was no significant difference in post-vaccination booster response rates between the 0.5 mg group and each of the low aluminium content groups for each antigen."

"**Approximately 65% of subjects in each group reported at least one systemic symptom following vaccination** (see Table 3). The incidence of fever (>37.5 degrees C *or 99.5 degrees F)*), headache, fatigue, and gastrointestinal symptoms within 2 days of follow up were similar between groups. For gastro-intestinal symptoms within 14 days after vaccination, a significant difference between study groups was found, with **a higher incidence observed in the 0.5 mg group**."

"Grade 3 (see Table 3) solicited general symptoms considered related to the vaccine by the investigator were rare, but **tended to increase with increasing aluminium concentration**. Only for fatigue, a significant difference between study groups was found. **The percentage of subjects who used antipyretic medication *(medication to reduce fever),* within 2 days after vaccination also tended to increase with increasing aluminium content: 6.5%** (95% CJ: 3.6-10.7), **8.6%** (95% Cl: 5.2-13.3) and **10.3%** (95% CJ: 6.6-15.0) **in the 0.133, 0.3 and 0.5 mg groups, respectively**."

"The difference in total aluminium content reflects mostly a difference in excess aluminium content. Combined DTP-containing vaccines **contain more aluminium than required for full adsorption of antigen, aiming at enhancing the immune response through excess aluminium; however, a decline in adjuvant effect was demonstrated when increasing the aluminium content above an "optimum" concentration which has been postulated to be due to immuno-suppressive effects of excessive aluminium**." *So in essence, they put in too much aluminum, to stimulate an enhanced immune response, but that causes a decline in the effect of the aluminum, because excess aluminum has an immune-suppressive effect. What? That is self-defeating! Adding what looks like an unnecessary toxic metal, to sabotage the desired benefit of the vaccine itself makes less than no sense.*

"In combined toxoid vaccines, even when toxoids are well purified, the relative contribution of aluminium to reactogenicity seems to be minimal."

**These and other studies like this raise serious questions as to why more than a decade later, are toxic heavy metals still being used in so many vaccines?**

# One mechanism in which vaccines can cause neurological damage: Activation of the brain's immune system and the inflammatory cascade that follows

## Inflammatory proteins trigger inflammation of the brain's immune cells (microglia) and increase the risk of autism

### Activation of the brain's immune system by vaccines cause brain inflammation, a hallmark of autism

In a 2006 article by Paul H. Patterson and published in ***Engineering and Science*** titled, **Pregnancy, Immunity, Schizophrenia and Autism**, the author identifies a very plausible connection with individuals

with autism and a perpetual upregulation of the brain's immune system, thus increasing inflammatory cytokines (proteins). http://www.cco.caltech.edu/~phplab/images/whatwedo/EngSci31006.pdf

**From the article:**
"There is also very striking evidence of immune dysregulation in the brain itself. Just last year, a group led by Carlos Pardo at Johns Hopkins found what they're calling a "neural inflammation" in postmortem examination of brains of patients with autism who died between the ages of eight and 44 years. But these people weren't infected—they died of such things as drowning or heart attacks. The study found that **the microglial cells, which act as the brain's own immune system, were activated.** The study also found amazing increases of certain cytokines in the brain, and of others in the cerebrospinal fluid. This is a landmark paper, in my opinion. It presents the first evidence that **there's an ongoing, permanent immune-system activation in the brains of autistic people**."

**And asks some very compelling questions….**

**"Finally, I want to ask a question that's come up in the literature in the last few years—should we really be promoting universal maternal vaccination? The flu vaccine has been recommended routinely to pregnant women in the United States since 1957. The official policy of the Centers for Disease Control states that "administration of vaccines to women seeking prenatal care is an opportunity for preventative intervention that should not be wasted." Now you might say, "Well, of course, you don't want to get the flu if you're pregnant!" But remember that double-stranded RNA experiment—we activated the immune system, and it caused all these downstream effects on the fetus. And what does a vaccination do? It activates the immune system. That's the point of vaccination. In practice, not all pregnant women receive flu shots, and I think that universal vaccination of pregnant women could get us into a whole new set of problems."**

## Inflammatory cytokines produced by vaccine components can cause a cascade of events in a child's brain leading to autism and other neurodevelopmental problems

An article titled, **Role of Microglia in Autism: Recent Advances** published in ***Developmental Neurosciences*** in 2015, **emphasizes how inflammation triggers microglial activation and can lead to the development of autism**. https://www.ncbi.nlm.nih.gov/pubmed/25998072

**From the study**:

"**Mounting evidence indicates that microglial activation or dysfunction can profoundly affect neural development, resulting in neurodevelopmental disorders, including autism**. These mechanisms in autism have been investigated using neuropathological studies of human autopsy brains, a large number of murine experimental models and in vivo neuroimaging studies of the human brain. The purpose of this review is to discuss microglial activation or dysfunction and to highlight the detrimental role that microglia play in the development of autism."

"**…any factors that alter the number or activation state of microglia either in utero or during the early postnatal period can profoundly affect neural development, thus resulting in neurodevelopmental disorders, including autism.**"

**This next paragraph has some "deep" scientific terms. Unless you have a certain level of medical or scientific background, you may want to concentrate on the underlined portion and the summary at the end…**

***Maternal Inflammatory Activation-*** "Polyriboinosinic-polyribocytidilic acid (poly I:C), a synthetic double-stranded RNA shown to bind to Tolllike receptor 3, leads to the activation of NF-κB (nuclear factor κ-light-chain-enhancer of activated B cells) and the production of proinflammatory cytokines such as TNF-α, IL-6 and IL-12. Poly I:C is often referred to as a viral mimetic as it activates the immune system and produces dose-dependent cytokine responses comparable to those occurring during naturally occurring or opportunistic viral infections. In spiny mouse experiments, a single subcutaneous injection of a low dose of poly I:C at midgestation induces subclinical infections such as the common cold during pregnancies. However, the offspring showed significant impairments in nonspatial memory and learning tasks and demonstrated motor activity similar to autistic behaviors. A brain histological examination revealed a significantly decreased expression of reelin, an increased expression of glial fibrillary acidic protein and an increased number of activated microglia, specifically in the hippocampus. These investigations imply that the prenatal subclinical infection and resultant activation of the maternal immune system could be risk factors for neurodevelopmental disorders such as autism."

***Summary: A compound was given to the pregnant female which mimics a virus to activate the immune system (which is what a vaccine does, except with a much stronger stimulus), and in turn it caused the activation and stimulation of inflammatory chemicals which resulted in a neurotoxic effect, and caused brain damage and behavioral changes in the offspring like is seen in autistic individuals.*** **(This is shown clearly in a beautiful graphic on page 3 of this article).**

## Inflammatory cytokines are elevated in tissues of autistic individuals

A 2015 article published in the journal ***Mediators of Inflammation*** titled, **Inflammatory Cytokines: Potential Biomarkers of Immunologic Dysfunction in Autism Spectrum Disorders**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4333561/

**From the article:** "A number of studies have shown that the cytokine levels in the blood, brain, and cerebrospinal fluid (CSF) of autistic subjects differ from that of healthy individuals; for example, a series of studies suggests that interleukin-6 (IL-6), tumor necrosis factor-*α* (TNF-*α*), and interferon-*γ* (IFN-*γ*) are significantly elevated in different tissues in autistic subjects."

"In addition, abnormalities in the cellular immune response have also been reported in children with autism; in particular, reduced cytotoxic activity and elevated levels of selected proinflammatory cytokines produced by peripheral blood mononuclear cells, such as tumor necrosis factor (TNF-*α*) and IL1*β*, have been shown to disrupt neurodevelopment."

## Decreased emotional recognition, one of the hallmarks of autism demonstrated in this 2018 study

A 2018 article published in the journal ***Brain, Behavior and Immunity*** titled, **Low-grade inflammation decreases emotion recognition - Evidence from the vaccination model of inflammation**, shows how systemic inflammation ensues after vaccination and how that inflammation impairs social-cognitive functioning. https://www.ncbi.nlm.nih.gov/pubmed/?term=29742460

**From the Abstract:**
"The ability to adequately interpret the mental state of another person is key to complex human social interaction. **Recent evidence suggests that this ability, considered a hallmark of 'theory of mind' (ToM), becomes impaired by inflammation.** However, extant supportive empirical evidence is based on experiments that induce not only inflammation but also induce discomfort and sickness, factors that could also account for temporary social impairment. Hence, an experimental inflammation manipulation was applied that avoided this confound, isolating effects of inflammation and social interaction. Forty healthy male participants (mean age = 25, SD = 5 years) participated in this double-blind placebo-controlled crossover trial. Inflammation was induced using Salmonella Typhi vaccination (0.025 mg; Typhim Vi, Sanofi Pasteur, UK); saline-injection was used as a control. About 6 h 30 m after injection in each condition, participants completed the Reading the Mind in the Eyes Test (RMET), a validated test for assessing how well the mental states of others can be inferred through observation of the eyes region of the face. **Vaccination induced systemic inflammation, elevating IL-6** by +419% ($p < .001$), without fever, sickness symptoms (e.g., nausea, light-headedness), or mood changes (all p's > .21). Importantly, compared to placebo, vaccination significantly reduced RMET accuracy ($p < .05$). RMET stimuli selected on valence (positive, negative, neutral) provided no evidence of a selective impact of treatment. **By utilizing an inflammation-induction procedure that avoided concurrent sicknesses or symptoms in a double-blinded design, the present study provides further support for the hypothesis that immune activation impairs ToM. Such impairment may provide a mechanistic link explaining social-cognitive deficits in psychopathologies that exhibit low-grade inflammation, such as major depression."**

While the study mentions the connection with social-cognitive deficits and depression, this study gives insight into the correlation with neurological inflammation induced by vaccines. As the other studies we have just looked at have concluded, the upregulation of the microglia or brain immune system by inflammation and the subsequent vicious cycle of inflammation is one of the ways that vaccine have the potential to trigger neurological damage.

## Cerebral Palsy as a possible result of an adverse vaccine reaction

**Seizures and developmental delays are widely recognized as possible adverse reactions to vaccines, but how can Cerebral Palsy be connected with vaccines?**

To be clear, there are several causes of C.P., other than from vaccine damage. But that does not exclude the potential risk of C.P. as a result of a vaccine reaction.

While cerebral palsy was originally thought to be cause by a lack of blood flow (oxygen) to the brain in utero or during childbirth, scientists now think that only a small percentage of C.P. case are caused by that. See this article on the CDC's web site https://www.cdc.gov/ncbddd/cp/causes.html

The article states that congenital C.P. (damage that occurs before or during birth), can be caused by… "Infections during pregnancy—Infections can lead to increases in certain proteins called *cytokines* that circulate in the brain and blood of the baby during pregnancy. **Cytokines cause inflammation, which can lead to brain damage in the baby. Fever in the mother during pregnancy or delivery also can cause this problem**. Some types of infection that have been linked with CP include viruses such as chickenpox, rubella (german measles), and cytomegalovirus (CMV), and bacterial infections such as infections of the placenta or fetal membranes, or maternal pelvic infections." As you will learn, fever is one of the most common side effects of a vaccine. Mothers given vaccine during pregnancy often spike a fever, AND babies are now given a Hepatitis B Vaccine immediately after birth which commonly causes a fever in that newborn infant.

The interesting thing about that description of causation is, that the **increase in inflammatory cytokines** described as the reason for the damage leading to C.P. from infection **is also well documented from vaccination** as evidenced in numerous articles that you will see included in **1200 Studies**. One interesting recommendation from that same CDC article states: "Get vaccinated for certain diseases (such as chickenpox and rubella) that could harm a developing baby. It is important to have many of these vaccinations *before* becoming pregnant." **BEFORE** becoming pregnant, would imply that getting the vaccines during pregnancy could cause problems. That's something that this eBook will document exceedingly well. Stay tuned!

In addition, the CDC article discusses "Acquired" C.P., which is C.P. that develops more than 28 days AFTER birth. One of the causes it cites is Infection- "Infections of the brain, for example, meningitis or encephalitis during infancy." Encephalitis is one of the severe adverse reactions from vaccines that has been well documented and even compensated for numerous times in vaccine court. Babies now get 35 doses of vaccines in the first 18 months with 26 of those given in the first 12 months. This can cause a tremendous increase in the production of pro-inflammatory cytokines, that this eBook will show is being implicated as one of the main factors for neurological damage from vaccines.

## Production of inflammatory cytokines common from vaccines, but highest from HPV vaccine

An article published in the journal ***Vaccine*** in 2014 titled, Inflammatory **responses following intramuscular and subcutaneous immunization with aluminum-adjuvanted or non-adjuvanted vaccines** confirms that inflammatory cytokines are increased in serum from aluminum adjuvant vaccines. https://www.ncbi.nlm.nih.gov/pubmed/24768634 Note: AS04 is the aluminum adjuvant used in the vaccine.

"Cytokine production was examined in the injected muscular tissues and **AS04 adjuvanted HPV induced higher IL-1β, IL-6, KC, MIP-1, and G-CSF levels in muscle tissues than any other vaccine,** but similar serum cytokine profiles were observed to those induced by the other vaccines."

## The journal *Vaccine* describes how aluminum is carried throughout the body

In a 2011 article published in ***Vaccine*** and titled, **Updated aluminum pharmacokinetics following infant exposures through diet and vaccination**, the authors accurately explain **how the aluminum adjuvant causes the protein or polysaccharide antigens to stick to its surface, which are then eaten (phagocytized) by the macrophages (a type of immune cell of the body), which leads to a stimulation of the Th-2 immune system response, amplifying the reaction to the antigen. This is the basic way that the adjuvant ramps up the immune system against the protein antigens to give immunity to the individual. This also leads to the mechanism of how the aluminum is carried throughout the body. These macrophages carry the aluminum particles to distant parts of the body (i.e. organs and brain).** https://www.ncbi.nlm.nih.gov/pubmed/?term=22001122

Notice a couple things from that statement. **First, they describe how the macrophages engulf the aluminum particles with the antigen (which is a protein). The macrophages circulate throughout the body. This means the aluminum particles are now being carried to distant parts of the body**. Secondly, the immune response triggered by the proteins stuck to the aluminum particles is what causes the body's innate immune system to attack that same virus when exposed to it from the environment. Pretty amazing right? I think so too. **But wait until you continue to read about the unforeseen consequences of this master plan.**

## The way an immune response to the viral antigen occurs, could be the exact reason why vaccines trigger unwanted immune reactions to other components of the vaccine

In light of the explanation from that last section, of the way the aluminum picks up proteins and triggers a strong immune reaction against those proteins, consider this statement from a December 2017 op-ed by Vinu Arumugham, an independent researcher titled, **Safety studies of aluminum in vaccines lack immunotoxicity analysis of this immunological adjuvant: Ignorance or deception?** https://www.researchgate.net/publication/325393007_Safety_studies_of_aluminum_in_vaccines_lack_immunotoxicity_analysis_of_this_immunological_adjuvant_Ignorance_or_deception

**From his paper:**
"The quoted paragraph above assumes that the only proteins in the vaccine are viral/bacterial target proteins required for immunoprotection. In that case, as they state, the stimulation by aluminum plays a vital role in generating immunoprotection. **But obviously, vaccines contain numerous other proteins including food proteins (ovalbumin, milk, soy, yeast, oils from sesame, peanut, fish etc.), culture medium cell proteins (Vero monkey kidney cell proteins, calf serum proteins, WI38/MRC5 fibroblast**

**cell proteins, chick embryo cell culture proteins etc.), non-target viral/bacterial proteins, that are also adsorbed on to the surface of insoluble aluminum particles. As they state then, aluminum adjuvants stimulate the immune system to respond more effectively to ALL these proteins as well. The result is off-target immune responses that includes synthesis of antibodies against any and all of these proteins as well as cell mediated immune responses. The result of such a response of course includes food allergy, asthma, autism and autoimmune diseases."**

"How can they perform a safety assessment of aluminum in vaccines while **completely ignoring** this immunological effect?"

**GREAT point! With the epidemic of allergies, asthma, atopic disorders like eczema and psoriasis as well as autoimmune disorders, why aren't researchers looking at the way that the adjuvants are also stimulating the immune system to react to all of the other proteins, polysaccharides and toxins in the vaccine soup? Could this be one of the main causes? As the immune system is strongly induces to react to various proteins, the likelihood that it accidentally and mistakenly begins to target the body's own tissues increases. The result? Allergies and autoimmune diseases.**

## Activation of brain microglia is implicated in many forms of neurodegenerative diseases

More than a decade ago, this mechanism for brain injury was recognized as a major factor. This 2007 article published in ***Current Medicinal Chemistry*** and titled, **Microglial activation and its implications in the brain diseases** had some very strong comments on this process.
https://www.ncbi.nlm.nih.gov/pubmed/?term=17504139

**From the article summary:**

"An inflammatory process in the central nervous system (CNS) is believed to play an important role in the pathway leading to neuronal cell death in a number of neurodegenerative diseases including Parkinson's disease, Alzheimer's disease, prion diseases, multiple sclerosis and HIV-dementia. The inflammatory response is mediated by the activated microglia, the resident immune cells of the CNS, which normally respond to neuronal damage and remove the damaged cells by phagocytosis. **Activation of microglia is a hallmark of brain pathology."**

"**The chronic activation of microglia may in turn cause neuronal damage through the release of potentially cytotoxic molecules such as proinflammatory cytokines, reactive oxygen intermediates, proteinases and complement proteins.** Therefore, suppression of microglia-mediated inflammation has been considered as an important strategy in neurodegenerative disease therapy."

# VACCINE RISKS TO THE FETUS DURING PREGNANCY

## Safety of vaccines for pregnant women and their unborn babies receive harsh scrutiny from hundreds of scientists

### February 2019- A freedom of Information Act inquiry reveals that there were never any safety studies done using the 2 vaccines recommended in pregnancy…the Tdap and Influenza Vaccines

Robert F. Kennedy Jr. filed a Freedom of Information Act (FOIA) request with the FDA to find out if there had ever been any safety studies done with the 2 vaccines that the CDC is recommending every pregnant woman receive. The request was filed on behalf of the Informed Consent Action Network and its founder Del Bigtree.

**The following is a summary from the court documents:**

WHEREAS, plaintiff Informed Consent Action Network ("ICAN") requested the following records from defendant United States Food & Drug Administration ("FDA") pursuant to the Freedom of Information Act ("FOIA"): "A copy of the report for each clinical trial relied upon by the FDA when approving for use by pregnant women any influenza vaccine currently approved by the FDA."

WHEREAS, after ICAN appealed, the FDA responded, in relevant part, as follows:

"These requests sought the clinical trials relied upon by the FDA prior to approving any currently licensed influenza or Tdap vaccine for use in pregnant women as an indicated use. … We have no records responsive to your requests."

How about that? It appears that all the women who have ever been given these vaccines or are currently given these 2 vaccines are serving as unknowing subjects in a huge human experimental "safety" study! When you read the following section on these vaccines given during pregnancy, you will see how damaging this practice has been and continues to be.

## Shocking revelations from the flu vaccine package insert regarding pregnant women, nursing mothers and young children- NEVER been tested in pregnant women

Flu vaccine recommended for pregnant women has not been tested in pregnant women or children less than 6 months of age for safety or effectiveness

https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm182404.pdf

**The Influenza A (H1N1) 2009 Monovalent Vaccine manufactured by Sanofi Pasteur Inc. vaccine package insert provides an amazing admission…** "Safety and effectiveness of influenza A (H1N1) 2009 monovalent vaccine **have not been established in pregnant women or nursing mothers or children less than six months of age."** That is found on page 1 and also expounded upon in section 8.1, 8.3, and 8.4.

**There are two shocking revelations that the insert reveals:**

1. They **have not** established the safety and efficacy of the flu vaccine **when given to pregnant women, nursing mothers and children less than six months of age.**
2. The insert **only cited one study** that tested the vaccine in children and it was from 2003 – 2004. And **the sample size was extremely low testing only 19 children 6 to 23 months of age, and only 12 children 24 to 36 months of age**.

## The drug manufacturer of the flu vaccine holding their study results "on file" rather than publishing it

With regard to the second point from the flu vaccine insert made above, any good incredible researcher will tell you that a sample size that small is virtually worthless (19 children and 12 children). Not only that, but the citation given for the reference to that study on the package insert, simply says: *Sanofi Pasteur Inc. Data on file, 071107*. Sanofi Pasteur Inc. is the drug manufacturer. Apparently, that was **an in-house study and was never published in a peer-reviewed journal**. It would appear that the data from that study is on file with the drug company, which make it difficult if not impossible to review further. Why wouldn't they just publish it for all the world to see? It sure makes me wonder.

## Despite these admissions & shortfalls, CDC still recommends these shots for those groups

Yet, the CDC's Advisory Committee was, and is still recommending giving pregnant women these shots. **Use of Influenza A (H1N1) 2009 Monovalent Vaccine, Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009.**

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm

**From the report:**

"Highlights of these recommendations include the identification of five initial target groups for vaccination efforts (**pregnant women**, persons who live with or provide care for infants aged <6 months, health-care and emergency medical services personnel, children and young adults aged 6 months--24 years, and persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications)."

**So how can our government's committee designated to oversee the safety and efficacy of vaccines, recommend a vaccine to pregnant women that the manufacturer itself clearly states that there has been no safety and effectiveness studies done with pregnant women or nursing mothers?**

## More on the dangers of heavy metal exposure during pregnancy-

This study published in the Journal ***Contributions to Science*** and titled, **Risks of aluminum exposure during pregnancy**, discusses the dangers of maternal exposure to the fetus as well as the toxicity in infants. http://publicacions.iec.cat/repository/pdf/00000022/00000054.pdf

**From the study:**

"…there is unequivocal evidence that Al is a potent neurotoxic agent inducing neurofibrillary degeneration in animal brains after intracerebral Al injections and systemic Al exposure."

"A recent review by Borak and Wise attempts to minimize the potential toxicity of Al during pregnancy by stating that environmental and dietary Al exposures are unlikely to pose risks of Al accumulation to pregnant animals or their fetuses, **but the weight of evidence would seem not to support this statement**. In relation to this, the current review shows a lot of evidence on Al-induced maternal and developmental toxicity in rats and mice."

"On the other hand, recent attention has also focused on Aluminum toxicity in infants. Moreno et al. reported that both, preterm and full-term neonates are susceptible to Al accumulation in tissues while receiving parenteral nutrition. In turn, Bishop et al. showed that, in preterm infants, prolonged **intravenous feeding with solutions containing Al is associated with impaired neurologic development.** Bishop et al. had previously shown **increased concentrations of Al in the brain of a parenterally fed premature infant."**

## Journal of Pediatrics study shows increases of systemic inflammation, cardiorespiratory complications and brain inflammation after vaccine administration

A 2007 study from the ***Journal of Pediatrics*** found some concerning cardio and respiratory effects after administration of one and multiple vaccines administered to 239 pre-term infants. The study titled, **Primary immunization of premature infants with gestational age <35 weeks: cardiorespiratory complications and C-reactive protein responses associated with administration of single and multiple separate vaccines simultaneously**. https://www.ncbi.nlm.nih.gov/pubmed/?term=17643770

*** CRP levels referred to are a blood marker for inflammation. CRP stands for C Reactive Protein.**

**RESULTS: "**Abnormal elevation of CRP level occurred in **85%** of infants **administered multiple vaccines** and up to **70%** of those **given a single vaccine**. **Overall, 16% of infants had vaccine-associated cardiorespiratory events within 48 hours postimmunization**. ***In logistic regression analysis, abnormal CRP values were associated with multiple vaccines…15.77 X increase).... and severe intraventricular hemorrhage (IVH)…. (2.28 X increase)….. Cardiorespiratory events were associated marginally with receipt of multiple injections... (3.62 X increase)… and significantly with gastroesophageal reflux (GER) …(4.76 X increase)…***

**CONCLUSION:**
**"**CRP level is expected to be elevated in the 48 hours following immunization. In a minority of infants immunized, cardiorespiratory events were associated with presumed need for intervention. Underlying medical conditions **and possibly multiple injections are associated with cardiorespiratory events. Precautionary monitoring following immunizations is warranted.**"

**According to Helen V. Ratajczak, PhD, "The data provide evidence for a unified theory of adverse vaccine reactions: Brain inflammation, as indicated by elevations of CRP; brain swelling (edema), as one of the cardinal manifestations of inflammation; potentially lethal cardio-respiratory events (bradycardia and apnea); and intraventricular brain hemorrhages."**

## A 2017 study published in the prestigious JAMA Pediatrics, finds a significant correlation with the flu vaccine given first trimester and autism. They then unsuccessfully try to explain it away

In a recent (2017) article published in ***JAMA Pediatrics*** titled, **Association Between Influenza Infection and Vaccination During Pregnancy and Risk of Autism Spectrum Disorder**, **researchers found a 20 percent increase in rates of autism with women who were vaccinated against the flu in their first trimester of pregnancy**. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2587559

This study has recently been hailed in the media by those pushing the vaccine agenda as "proof" that the flu shot is not connected with autism. I say, **NOT SO FAST! A critical look at the study finds the association and an attempt to sweep the findings under the rug**.

The study looked at **196,929 children born over a ten-year period from 2000-2010**. They compared children born of mothers that were vaccinated for influenza at first, second and third trimesters of pregnancy. **In the first year of the study, only 6% of the women were vaccinated. In the last year (2010) that number was 56%. This most likely represents that change in policy recommendations for pregnant women to get the flu shot by the CDC.** According to ***Kelly Brogan M.D.***: **"Since 1997, the ACIP has recommended the trivalent inactivated flu vaccine to pregnant women after the first trimester. Then, in 2004, this recommendation, inexplicably changed and grew, as is the way with vaccine recommendations, to encompass all pregnant women (and every human over 6 months of age), regardless of personal risk factors, immune determinants, diet, regional exposures, and timing of injection**." http://kellybroganmd.com/rejecting-flu-vaccine-in-pregnancy/ Another factor was that the H1N1 flu scare was in 2009-2010.

**From the JAMA article: "After adjustment for covariates, first trimester influenza vaccination was associated with an increased risk of Autism Spectrum Disorder** (AHR, **1.20** [95% CI, 1.04-1.39], ***P* = .01**); **however**, adjusting for the multiplicity of hypotheses tested (n = 8) **using the Bonferroni correction** suggests that this association could be due to chance (***P* = .10**)." Essentially, they found that a flu shot during the first trimester resulted in a 1.2 X increased risk of Autism Spectrum Disorder. It seems that when researchers don't like the outcome of something, they try to explain it away. This explanation, however may not be the most credible way to do that. A criticism of the Bonferroni correction according to ***Wikipedia*** states: "**Criticism**: **The correction comes at the cost of increasing the probability of producing false negatives *(meaning making something look like a negative finding that isn't)*, i.e., reducing statistical power**. There is not a definitive consensus on how to define a family in all cases, and adjusted test results may vary depending on the number of tests included in the family of hypotheses. Note that these criticisms apply to Family Wise Error Rate control in general, and are not specific to the Bonferroni correction."
**Essentially that means that using the FWER method, which is prone to making a finding look less significant, may be misleading. But then again, maybe making the finding look less significant was the point.**

**What does this mean from a practical sense?** One of the statistical measures often looked at is called "P Value" or "P" (P stands for probability and relates to the statistical significance). So essentially, by using the Bonferroni correction they reduced the probability that the findings that the flu shot given during the first trimester correlated with a higher rate of autism was by chance (and not a real correlation), from only 1% to 10% (P = 0.01 to P = 0.1). Another way to put it, is P = .01 means there is only one in a hundred probability, that the findings are due to chance (or a 99% probability that the findings are NOT due to chance and is statistically significant). P = 0.1 means that there is only a one in

ten probability of the findings being due to chance, (or a 90% probability the findings are NOT due to chance). (See the red numbers above)

In fact, many distinguished experts have cried foul, as a result of the attempt to "erase" the correlation with autism. In an article on the web site EcoWatch at https://www.ecowatch.com/pregnancy-flu-shot-autism-kennedy-2159830326.html , ***Robert F. Kennedy Jr. and Lyn Redwood RN, MSN*** stated the following: "When applied to the first trimester flu vaccine dataset, the Bonferroni Correction reduced the significance of the association from 99 percent to 90 percent. Despite the fact that the adjusted result was still considered marginally statistically significant, the authors then made a second dodgy judgment, by declaring that, "this association could be due to chance."

"Dr. James Lyons-Weiler, PhD, the CEO and director of the ***Institute for Pure and Applied Knowledge***, and data manager of more than 100 biomedical research studies, told me that the author's "incorrect" and "unorthodox" application of the Bonferroni Correction in this circumstance risked the appearance that they were using improper methodologies to, "**make an unwanted but statistically significant finding vanish in a sea of statistical wizardry**."

"Sander Greenland, professor of Statistics and Epidemiology at ***UCLA's School of Public Health and College of Letters and Science***, agreed that the use of the Bonferroni Adjustment was inappropriate in this context. Greenland is among America's preeminent statisticians with more than 300 peer reviewed publications—two of which have been cited more than 500 times. **He is editor of the Dictionary of Epidemiology**. Greenland said the research team's use of Bonferroni makes no sense "where there are finely correlated outcomes" and where the cost of a false negative is high—the possibly erroneous conclusion that first trimester flu shots are safe. *(See at the end of the post Dr. Greenland's detailed explanation of the Bonferroni and why it was inappropriate.)"*

"Greenland observes that "in a context like this, it's something that's usually called up, after the fact, when they get some significance like this, where they don't like it and they want to see if they can get rid of it that way. It's obvious why they used it. It makes the so-called significance go away and, of course, that's the goal. **They're trying to make things go away…that's sort of a standard strategy now—by a large segment of the pharmaceutical experts that try to get rid of things**. **They didn't like the results and they jumped on it with the Bonferroni. It's not appropriate here."**

## Other comments in the JAMA Pediatrics article make additional associations:

"Compared with unvaccinated pregnant women, vaccinated pregnant women were more likely to be older and have a college education. **Asthma, autoimmune disease, and hypertension were more likely to be diagnosed in vaccinated women before conception, and gestational diabetes was more likely to be diagnosed during the study pregnancy** (Table 1). In the 0.7% (1400) of cases in which influenza was diagnosed in pregnant women, they were more likely to be younger than the women who did not have influenza. These women were also more likely to have the same health conditions as vaccinated

pregnant women (eTable 1 in the Supplement). A small proportion of women were exposed to both influenza infection and influenza vaccination during pregnancy (0.2%)." Why would the women who are more likely to be vaccinated (and were), have higher rates of those diseases that this eBook and the research presented show to be highly correlated with vaccines? Just a question.

"**If influenza vaccination during the first trimester of pregnancy causes ASD, our results suggest that it would amount to 4 additional ASD cases for every 1000 women vaccinated.** Our finding of a possible association between maternal influenza vaccination in the first trimester and increased ASD risk parallels previous studies reporting an association between maternal viral infection or fever and increased ASD risk in the first trimester."

***Wow! I certainly think that their confession of 4 additional cases of autism per 1,000 women vaccinated against the flu, IS hugely significant!***

***Yet, it comes off as if they mention it as matter of fact, no big deal. It is a big deal! That is 4 families whose lives are changed forever, who will never see their child reach what should have been his or her potential. Who may never be able to be a productive member of society, get married, have a family and enjoy their independence.***

***When you extrapolate that 4 per 1,000 number out to a million pregnant women vaccinated during flu season (which wouldn't be a stretch), that's 4,000 children who now have autism that would not have otherwise!***

"**Like infection, influenza vaccination during pregnancy has been reported to induce a transient increase in the levels of a number of proinflammatory cytokines, including interleukin 6, tumor necrosis factor $\alpha$, and C-reactive protein. Studies on mice found an association between high interleukin-6 levels during pregnancy and abnormal behavior and brain structure.** However, in epidemiological studies, associations between maternal cytokine levels and ASD have been mixed. While an earlier study found an association between elevated levels of C-reactive protein in the second trimester and increased ASD risk, a recent study did not find an association between maternal C-reactive protein and increased risk of ASD after controlling for maternal BMI. Elevated levels of interleukin 6 during pregnancy have been associated with increased risk of developmental delays but not ASD in one study and with increased ASD risk with intellectual disability in another."

**Also, from the article:** "Compared with children without ASD, children with ASD were more likely to be male and born at less than 37weeks gestation. Mothers of children with ASD were more likely to be older at delivery and have a college or postgraduate education."

## Pregnant women told to get vaccines containing toxic metals, despite evidence showing they cross the placenta into the fetus

This article published in the ***Journal of American Physicians and Surgeons***, Winter 2016 also pokes major holes in the previous article. The name of the article is **Aluminum in Childhood Vaccines is Unsafe**. http://www.jpands.org/vol21no4/miller.pdf

**From the article:**
**"Prior to the mercury phase-out (pre-2000), babies received 3,925 micrograms (µg or mcg) of aluminum in their first year-and-a-half of life. After pneumococcal and hepatitis vaccines were added to the immunization schedule, babies began receiving 4,925 mcg of aluminum during the same age period—a 25% increase (Figure 1). In 2011, CDC recommended that pregnant women receive a pertussis vaccine (Tdap), which also contains aluminum. (Depending on the manufacturer, the Tdap vaccine contains between 170 and 625 micrograms of aluminum. If the woman receives the brand with 625 mcg of aluminum, the baby will absorb an additional and significant percentage of that dose). Studies show that aluminum crosses the placenta and accumulates in fetal tissue."**

"**From 1999 through 2002, several vaccines containing mercury were phased out of the childhood immunization schedule. Manufacturing of childhood vaccines with thimerosal ceased in 2001, but those that were not past their expiration date remained on the market for sale until January 2003. They were replaced with low-mercury or "thimerosal-free" vaccines. In the years that followed, autism rates continued to rise, prompting health authorities to assert that autism is not linked to mercury in vaccines and that vaccination policies are safe and appropriate. (If mercury in vaccines contributed to autism, then rates should have dropped after mercury was removed.) However, in 2002, during this so-called phase-out period, the Centers for Disease Control and Prevention (CDC) actually added two doses of mercury-containing influenza vaccines to the list of inoculations urged for all babies 6 to 23 months of age. Two years later, the CDC also added pregnant women in their first trimester to the list of people officially recommended and actively encouraged to receive influenza vaccines, even though a majority of available doses contained mercury."**

## Antacids containing aluminum taken prenatally can damage the fetus, studies show. With ingested aluminum absorbed at 1%, why do we think it's safe to inject in into pregnant women?

A 2003 study in the Journal ***Drug Safety*** titled, **Aluminium in over-the-counter drugs: risks outweigh benefits?, warns about ingestion of antacids that contain aluminum during pregnancy. Even though aluminum ingested orally is only absorbed at around 1%, warnings about using antacids during pregnancy have been issued 15-20 years ago. So why is the CDC increasing the number of doses of aluminum (and even mercury) containing vaccines for pregnant women?**
https://www.ncbi.nlm.nih.gov/pubmed/14583063

**From the study:**

"In the early 1970s, aluminium toxicity was first implicated in the pathogenesis of clinical disorders in patients with chronic renal failure involving bone (renal osteomalacia) or brain tissue (dialysis encephalopathy)."

"It is now commonly acknowledged that aluminium toxicity can be induced by infusion of aluminium-contaminated dialysis fluids, by parenteral nutrition solutions, and by oral exposure as a result of aluminium-containing pharmaceutical products such as aluminium-based phosphate binders or antacid intake. **Over-the-counter antacids are the most important source for human aluminium exposure from a quantitative point of view**. However, **aluminium can act as a powerful neurological toxicant and provoke embryonic and fetal toxic effects in animals and humans after gestational exposure**. Despite these facts, the patient information leaflets from European antacids that are available OTC show substantial differences regarding warnings from aluminium toxicity. It seems advisable that all patients should receive the same information on aluminium toxicity from patient information leaflets, in particular with regard to the increased absorption through concomitant administration with citrate-containing beverages **and the use of such antacids during pregnancy**."

## 2014 study finds a linear relationship between the level of mercury exposure and lowered I.Q. levels

A study in the ***Journal of Perinatal Medicine*** titled, **Mercury exposure in pregnancy: a review**, found that there is a linear correlation between levels of mercury exposure and I.Q. levels. They also say that mercury should be avoided during pregnancy and a safe limit cannot be calculated.
https://www.ncbi.nlm.nih.gov/pubmed/24698820

**From the article: "**Mercury exposure in pregnancy **has been associated with both pregnancy complications and developmental problems in infants**. Apart from industrial accidents and contaminated food, mercury exposure is likely to arise from predatory fish consumption, environmental contamination and dental amalgam restorations placed before or during pregnancy. **It would be prudent to recommend that pregnant women avoid these potential problems and minimize any risk. The available literature indicates a linear relationship with mercury levels and IQ deficit, and therefore a safe limit of mercury cannot be calculated."**

## Giving pregnant women vaccines triggers immune activation of her baby's brain cells causing neurological abnormalities- 3 Studies

An article published in the ***Journal Neuroscience*** in 2007 titled, **Maternal immune activation alters fetal brain development through interleukin-6,** supports the concern over giving pregnant women vaccines with adjuvants that activate the immune system. The fear is that in doing so, genetically susceptible

babies exposed to a permanent inflammatory brain condition.
https://www.ncbi.nlm.nih.gov/pubmed/17913903

**From the article:**
"Schizophrenia and autism are thought to result from the interaction between a susceptibility genotype and environmental risk factors. The offspring of women who experience infection while pregnant have an increased risk for these disorders. Maternal immune activation (MIA) in pregnant rodents produces offspring with abnormalities in behavior, histology, and gene expression that are reminiscent of schizophrenia and autism, making MIA a useful model of the disorders."

"Here we show that the cytokine interleukin-6 (IL-6) is critical for mediating the behavioral and transcriptional changes in the offspring."

***My editorial:*** *IL-6 is a pro-inflammatory cytokine which can activate inflammation systemically, including in the brain cells of the fetus. This is definitely not a good thing during fetal development! Reducing Il-6 is also a key to decreasing the chances of the mother and child from developing autoimmunity.* ***Increasing*** *maternal intake of fish Oil, curcumin and resveratrol block IL-6. Some studies caution against the use of curcumin during pregnancy as it is thought that it may stimulate the uterus. Other studies refute that. The majority of studies on resveratrol show positive benefits. As always, check with your doctor before taking any herbs or nutraceuticals while pregnant and with regard to dosing.* ***Decreasing*** *inflammatory oils like high omega 6 vegetable oils during pregnancy can also reduce IL-6 and thus systemic inflammation.*

## New research implicates vaccines or other toxins given to pregnant women as triggers for autism in genetically susceptible offspring

A 2018 article titled, **Beyond infection - Maternal immune activation by environmental factors, microglial development, and relevance for autism spectrum disorders** and published in ***Experimental Neurology***, does a great job of connecting the dots between how maternal infection or exposure to viral stimulation (such as mimicked in vaccines), can trigger increased microglial activity in the baby during important neurological development. This can then lead to an increased risk of neurodevelopmental disorders including Autism Spectrum Disorders (ASD).
https://www.ncbi.nlm.nih.gov/pubmed/28698032

***Note that these authors are from Harvard Medical School, Duke University, Massachusetts General Hospital for Children, Boston and U.C. Irvine.**

**From the article:**
"Immune molecules such as cytokines and chemokines and the cells that produce them within the brain, notably microglia, are critical for normal brain development. This recognition has in recent years led to the working hypothesis that inflammatory events during pregnancy, e.g. in response to infection, may

disrupt the normal expression of immune molecules during critical stages of neural development and thereby contribute to the risk for neurodevelopmental disorders such as autism spectrum disorder (ASD). This hypothesis has in large part been shepherded by the work of Dr. Paul Patterson and colleagues, which has elegantly demonstrated that a single viral infection **or injection of a viral mimetic to pregnant mice significantly and persistently impacts offspring immune and nervous system function, changes that underlie ASD-like behavioral dysfunction including social and communication deficits**. **Subsequent studies by many labs - in humans** and in non-human animal models - **have supported the hypothesis that ongoing disrupted immune molecule expression and/or neuroinflammation contributes to at least a significant subset of ASD**."

"The heterogeneous clinical and biological phenotypes observed in ASD **strongly suggest that in genetically susceptible individuals, environmental risk factors combine or synergize to create a tipping or threshold point for dysfunction**. **Importantly, animal studies showing a link between maternal immune activation (MIA) and ASD-like outcomes in offspring involve different species and diverse environmental factors associated with ASD in humans, beyond infection, including toxin exposures, maternal stress, and maternal obesity, all of which impact inflammatory or immune pathways**."

**Information such as this demands a critical look at the policy of recommending flu shots to pregnant women.**

## Certain women if vaccinated when pregnant, may run a greater risk of having a behaviorally challenged child

Another 2014 study titled, **The risk for behavioural deficits is determined by the maternal immune response to prenatal immune challenge in a neurodevelopmental model**, and published in the Journal ***Brain, Behavior and Immunity,*** measured an inflammatory blood marker levels called tumor necrosis factor alpha (TNF-α) after maternal immune activation. Researchers found that the pregnant females that lost weight after immune activation had higher levels of TNF-α and their offspring had significant behavioral challenges including the inability to experience pleasure.
https://www.ncbi.nlm.nih.gov/pubmed/24973728

This **is simply additional reinforcement that giving pregnant women injections that stimulate and activate their immune systems in such a way is not good for the fetus.**

One more 2014 study from the Journal ***Behavioral Brain Research*** titled, **Hypolocomotive behaviour associated with increased microglia in a prenatal immune activation model with relevance to schizophrenia**, showed that the rats from offspring treated with a chemical that stimulated (activated) the mother's immune system showed delayed locomotion or development in walking and an absent or diminished startle response. The article also references similar characteristics with autism.

**One hallmark of regressive autism, is that children who are progressing normally with their locomotion skills, coordination and movement, suddenly and significantly regress into a state of difficult locomotion, coordination and movement, as well as a diminished startle response/reaction to external stimulus. The timing of this regression often correlates directly or shortly after they are given a routine vaccination or vaccinations.** https://www.ncbi.nlm.nih.gov/pubmed/24129217

## Pediatrician leading the movement to a safer vaccine schedule comments on mercury and aluminum given to pregnant women

According to his web site, ***Paul Thomas M.D.*** is an Oregon based pediatrician that founded Integrative Pediatrics LLC, where he has over 11,000 patients who largely are attracted to the safer gentler vaccine schedule and his integrative medicine approaches that embraces the best from all disciplines of medicine. He is an avid blogger and presence on You Tube and now is about to publish a major book: **The Vaccine-Friendly Plan *(which is now available)***.

**From his site:** https://www.drpaulapproved.com/
"**While the thimerosal that used to be in most vaccines as a preservative, was quietly and quickly removed in 2001, the aluminum in vaccines remains at very high levels. When the thimerosal (mercury) was removed in 2001, the CDC and AAP made the tragic decision to move the Hep B vaccine from giving it to teens to giving it to all newborns, 2 month, and 6 month olds. This added an additional 250 micrograms of aluminum being injected at birth, 2 months and 6 month olds. Remember, the maximum aluminum allowed by the FDA for premies in IV feedings is 4-5 micrograms/ Kg / day. Could this explain why there was no decrease in autism when the thimerosal was removed?"**

"Now imagine this: The ACIP (our governments CDC division that makes vaccine recommendations) has just **added the Dtap to be given to all pregnant moms. That is injecting 170 – 650 micrograms of aluminum (depending on brand used) into a pregnant mom whose fetus has zero protection against the aluminum toxin. Remember the uterus has the job of shunting nutrients to the developing baby. I'm quite certain there is no safe amount of aluminum to inject into pregnant moms. Since when do we allow research like this on our unborn children?"**

"Please PLEASE **share** this aluminum story with all you care about."

"If you are pregnant and your doctor is ordering the Dtap, ask them if they know how much aluminum is in that vaccine?
**ANSWER:** 250 micrograms." *(mcg)*

"Ask them if they know how much aluminum is safe for a newborn premie?

**ANSWER:** 4-5 micrograms/Kg." *A 5-pound premie is 2.27 kg. Therefore, "safe" amount for a 5-pound premie is between 9.08 to11.35 micrograms (mcg).* ***As you can see that is approximately 25 times the safe limit.***

"If they didn't know the answer to these two questions – don't take their advice if they are still recommending you get the vaccine."

## The flu vaccine given to pregnant mothers implicated in increased rates of fetal deaths

Not only that, but there are serious concerns about the escalation of stillborn babies since this recommendation has gone into effect. The following excerpts are from this website http://kellybroganmd.com/rejecting-flu-vaccine-in-pregnancy/ . She cites a breathtaking 2013 study in which the authors took a look at the differences between fetal deaths prior to and subsequent to the inclusion of the flu vaccine to pregnant mothers.

The 2013 study was published in the Journal of ***Human and Experimental Toxicology*** titled, **Comparison of VAERS fetal-loss reports during three consecutive influenza seasons. Was there a synergistic fetal toxicity associated with the two vaccine 2009/2010 season?**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3888271/

**Dr. Kelly Brogan's article states the following from that study:**

"**Goldman does what we would hope our impartial governing medical bodies might have. He assesses the shortcomings of our passive reporting system – the Vaccine Adverse Event Reporting System (VAERS) – and uses validated statistical methodology to confirm the danger associated with multiple vaccines in pregnancy."**

"Clearly, as a perinatal practitioner, I have concerns with even one vaccine administration in pregnancy; however, that women in 2009 were subject to a completely and entirely unstudied combo pack of interventions, the package insert of which clearly states,

"**It is also not known whether these vaccines can cause fetal harm when administered to pregnant women or can affect reproduction capacity""**

**"Goldman, the researcher and author of the aforementioned study, determined the following:**

- **Spontaneous abortion (miscarriage) and still birth rates determined to be proximally associated to vaccine delivery were analyzed by Moro et al for the flu seasons of 1990-2009 finding 1.9/million or an average incidence of 1.2 per year.**

- **From this average to the first 5 months of the 2009/10 season in which women were recommended to receive both the typical flu vaccine and the H1N1, there were 57/million fetal losses reported.**
- **Using a capture-recapture statistical tool that allows for researchers to control for the inherent limitations of a reporting system, 174 cases from VAERS and 67 cases from NCOW were pooled to identify an ascertainment-corrected rate of 1/1695 (590/million). This adjustment reflects the fact that VAERS is a gross underestimation of the actual incidence of adverse events – in this case representing only 13% of the vaccine-related fetal losses.**

Goldman then discusses how initial *underreporting* can influence further *underreporting*:

"Because both patient and health care professionals relied on a historical profile that was incomplete with respect to assessing fetal-demise reporting, a possible link to fetal demise following administration of influenza vaccine/vaccines during 2009/2010 was rarely contemplated or was considered highly unlikely and thus, more often than not, not reported."

"**This 4250% increase in fetal deaths was known to the CDC and did not trigger any reparative action.** We have a committee comprised of pharmaceutically-invested "experts" telling doctors what to do with their patients. The transparency of the no-citizen-left-behind agenda is never more apparent than in the fact that you can engage this potentially lethal medical intervention (yes, death is a known and documented potential side effect) at your local CVS. Long gone are the days of informed consent."

## The flu vaccine given during pregnancy increases inflammation, a hallmark for activation of microglial brain cells in the fetus

A 2011 study published in the ***Journal Vaccine*** titled, **Inflammatory Responses to Trivalent Influenza Virus Vaccine Among Pregnant Women**, finds that women who received the flu shot had significantly higher C Reactive Protein (CRP) levels, which are a blood marker for systemic inflammation. Tumor Necrosis Factor Alpha (TNF- α), and Interleukin-6 (IL-6) are two other markers for inflammation which were measured. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3204610/

**Results:** "Significant increases in CRP were seen at one and two days post-vaccination (*p*s <.05). A similar effect was seen for TNF-α, for which an increase at two days post-vaccination approached statistical significance ($p = .06$). There was considerable variability in magnitude of response; coefficients of variation for change at two days post-vaccination ranged from 122% to 728%, with the greatest variability in IL-6 responses at this timepoint."

**Conclusion:** "Trivalent influenza virus vaccination elicits a measurable inflammatory response among pregnant women. There is sufficient variability in response for testing associations with clinical outcomes. As adverse perinatal health outcomes including preeclampsia and preterm birth have an inflammatory component, a tendency toward greater inflammatory responding to immune triggers may predict risk of adverse outcomes, providing insight into biological mechanisms underlying risk."…

**Also noted** in the study was a reference to a earlier study… Characterization of type 1 and type 2 cytokine production profile in physiologic and pathologic human pregnancy. Clin Exp Immunol. 1996 Oct;106(1):127–33. [PMC free article] [PubMed], which stated:

"…among pregnancies that subsequently ended in miscarriage or small for gestational age babies, Peripheral Blood Mononuclear Cells exhibited *greater* proinflammatory cytokine production and *reduced* anti-inflammatory cytokine production as compared to cells from both nonpregnant women and healthy pregnancies." This relationship between increased inflammation may tie into the previously mentioned article by Dr. Kelly Brogan regarding a vaccination/miscarriage link. Also see the next study mentioned.

## Various flu vaccines contain four different antibiotics that are not supposed to be given during pregnancy. Some vaccines contain more than one of these which combining them is also contraindicated by safety warnings.

**In looking at the ingredients in the various flu and TdAP vaccines the CDC recommends for pregnant women, you will find formaldehyde, MSG, polysorbate 20 & 80, aluminum, mercury (multi-dose flu vaccines), glutaraldehyde, 2-phenoxyethanol, squalene, barium, cellular DNA, cetyltrimethlyammonium bromide, antibiotics and other chemicals. I thought I would check out the antibiotics that they add to the vaccines to prevent growth of bacteria to see if they were safe to take during pregnancy. What I found shocked me. Check this out….**

**There are 4 antibiotics in vaccines recommended to pregnant women that are contraindicated during pregnancy according to the drug labels**.

### Antibiotic #1- Neomycin sulfate-

An ingredient in the following flu vaccines:

- **Influenza (Afluria)Trivalent & Quadrivalent**
- **Influenza (Fluad)**
- **Influenza (Fluvirin)**

Warning against use in pregnancy- "Aminoglycosides can cause fetal harm when administered to a pregnant woman. Aminoglycoside antibiotics cross the placenta and there have been several reports of total irreversible bilateral congenital deafness in children whose mothers received streptomycin during pregnancy. Although serious side effects to fetus or newborn have not been reported in the treatment of pregnant women with other aminoglycosides, the potential for harm exists. Animal reproduction studies of neomycin have not been conducted. If neomycin is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus."

**Nursing Mothers- "**It is not known whether neomycin is excreted in human milk, but it has been shown to be excreted in cow milk following a single intramuscular injection. Other aminoglycosides have been shown to be excreted in human milk. Because of the potential for serious adverse reactions from the aminoglycosides in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother."

**Pediatric Use**

"The safety and efficacy of oral neomycin sulfate in patients less than 18 years of age have not been established."

**Source:** https://medlibrary.org/lib/rx/meds/neomycin-sulfate/

## Antibiotic #2- Gentamicin Sulfate**- (**Same family of antibiotics as Neomycin and **Kanamycin** called aminoglycosides)

An ingredient in the following flu vaccine:

- **Influenza (Fluarix) Trivalent & Quadrivalent**

Warning against use in pregnancy- "This medication is not recommended for use during pregnancy."

**Source:** https://www.webmd.com/drugs/2/drug-94473/gentamicin-sulfate-pf-intravenous/details

## Antibiotic #3- Kanamycin**- (**Same family of antibiotics as Neomycin and Gentamicin Sulfate called aminoglycosides)

An ingredient in the following flu vaccine:

- **Influenza (Fluad)**- In fact, Fluad contains both Kanamycin and Neomycin Sulfate

Warning against use in pregnancy**- "**Aminoglycosides can cause fetal harm when administered to pregnant women. Aminoglycoside antibiotics cross the placenta and there have been several reports of total, irreversible, bilateral congenital deafness in children whose mothers received streptomycin during pregnancy."

**Source:** https://www.rxlist.com/kantrex-drug.htm#warnings_precautions

## Antibiotic #4- Polymyxin B-

Warning against use in pregnancy**- "USAGE IN PREGNANCY**: THE SAFETY OF THIS DRUG IN HUMAN PREGNANCY HAS NOT BEEN ESTABLISHED."

"**THE CONCURRENT OR SEQUENTIAL USE OF OTHER NEUROTOXIC AND/OR NEPHROTOXIC DRUGS** WITH POLYMYXIN B (polymyxin b sulfate) SULFATE, PARTICULARLY BACITRACIN, STREPTOMYCIN,

**NEOMYCIN**, **KANAMYCIN**, **GENTAMICIN**, TOBRAMYCIN, AMIKACIN, CEPHALORI-DINE, PAROMOMYCIN, VIOMYCIN, AND COLISTIN **SHOULD BE AVOIDED**."

**"WARNING**

**CAUTION:** WHEN THIS DRUG IS GIVEN **INTRAMUSCULARLY** AND/OR INTRATHECALLY, IT SHOULD BE GIVEN ONLY TO HOSPITALIZED PATIENTS, SO AS TO PROVIDE CONSTANT SUPERVISION BY A PHYSICIAN." (when it is injected as part of a vaccine, that is intramuscular injection).

**Source:** https://www.rxlist.com/polymyxin-b-drug.htm#description

"**Polymyxin B is an FDA pregnancy category C medication. This medication may be harmful to an unborn baby**. Tell your doctor if you are pregnant or plan to become pregnant during treatment."

**Source**: https://www.everydayhealth.com/drugs/polymyxin-b-trimethoprim-ophthalmic

**Now, considering all of that, these versions of the flu vaccine which are regularly recommended for pregnant women contain this antibiotic**

- Influenza (Afluria) Trivalent & Quadrivalent
- Influenza (Fluvirin)

*** Both of these flu vaccines also contain Neomycin Sulfate and Thimerosal in the multi-dose vials, BOTH big red flags during pregnancy).** If you decide to get the flu shot during pregnancy, insist on the single dose vials without the Thimerosal and brands without the aminoglycoside antibiotics.

**What vaccines are appropriate during pregnancy according to the Mayo Clinic…**
https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/expert-answers/vaccines-during-pregnancy/faq-20057799

**From the article:**
**"Two vaccines are routinely recommended during pregnancy:**

- Flu (influenza) shot. The flu shot is recommended for women who are pregnant during flu season — typically November through March. ...
- Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine."

*(Even though the Tdap doesn't contain these antibiotics, it does contain aluminum, which as we have seen poses serious risk to the fetus).*

**Again, as just mentioned the previous page, the Fluad flu vaccine contains both neomycin and kanamycin which should not be used together and never during pregnancy.**

Honestly, if you are a woman that has taken these vaccines when you were pregnant or told that you need them when you decide to get pregnant, how does this make you feel? If I were you, I would feel violated. **Most likely, the doctors that are giving these shots have no idea that they contain antibiotics. And even if they do, I doubt that they know that the antibiotics they are injecting into your body are**

**contraindicated during pregnancy based on the drug manufacturer's own information. But, don't you think it is their responsibility to know these things? After all, they are the ones that went to school for 8-12 years to learn how to do their job "safely" and "effectively. In fact, patient safety is supposed to be the highest priority above all else. First, Do No HARM.**

There are other vaccines that are recommended for pregnant women under certain circumstances. http://www.immunize.org/catg.d/p4040.pdf

**In addition, these vaccines also contain Polymyxin B (and some along with.**

- DTaP-HepB-IPV (Pediarix)
- DTaP-IPV (Quadracel)
- DTaP-IPV (Kinrix)
- DTaP-IPV/Hib (Pentacel)
- Smallpox (Vaccinia) (ACAM2000)

**Even though the DTaP Vaccines listed are not recommended for during pregnancy, children are given them at 2, 4, 6 and 15 months. These all contain mixes of Neomycin Sulfate and Polymyxin B antibiotics and aluminum. The Pediarix contains Neomycin Sulfate, Polymyxin B AND 3 DIFFERENT FORMS OF ALUMINUM!**

**If absolutely contraindicated because of the fear for the safety of the fetus during pregnancy, when the mother's body absorbs some of it and the baby has partial exposure, how safe can it be to give injections directly into a 60-day old baby where they have to deal with ALL of it? Then again at 4, 6 and 15 months?**

**And this is just the tip of the iceberg. With the ever-growing number of doses of various vaccines given during the first 2 years of life and most of them containing aluminum, fetal DNA, Polysorbate 80, mixes of antibiotics and other chemicals, the total body burden of children of today is far in excess of what it was when I was a child. And the ability of individual children to detoxify and eliminate these chemicals and metals varies greatly. With no reliable tests yet to identify children that have genetic flaws that make them vulnerable to becoming overloaded and damaged, we are literally playing Russian Roulette with our children.**

**2018 CDC Immunization Schedule:**
https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

**Vaccine Ingredients:**
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

## Flu shots to pregnant women increase miscarriage nearly eightfold

A study released September 25, 2017 in the journal ***Vaccine*** titled, **Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12**, show a powerful correlation between pregnant women receiving the H1N1 flu shot and spontaneous abortion (miscarriage) within the next 28 days. https://www.ncbi.nlm.nih.gov/pubmed/28917295

**The study showed a 7.7 times greater risk of miscarriage than the control group**. According to the study, **"Among women who received pH1N1-containing vaccine in the previous influenza season, the aOR in the 1-28 days was 7.7."** (aOR stands for Adjusted Odds Ratio. The Odds Ratio represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure).

This policy is still being pushed on pregnant mothers to be, even though there is no basis science showing the benefit of vaccines in pregnancy. In addition, even according to the package inserts for the flu vaccine, they were never tested in pregnant women.

## Flu vaccine package inserts reveal the safety gap when used during pregnancy

**The following quotes are from the different flu vaccine package inserts:**

**Afluria**- "**There are, however, no adequate and well-controlled studies in pregnant women**. Because animal reproduction studies are not always predictive of human response, **AFLURIA should be given to a pregnant woman only if clearly needed."**

**Fluzone**- **"Available data with Fluzone Quadrivalent use in pregnant women are insufficient to inform vaccine-associated risk of adverse developmental outcomes."**
**"There are, however, no adequate and well-controlled studies in pregnant women.** Because animal reproduction studies are not always predictive of human response, **Fluzone Quadrivalent should be given to a pregnant woman only if clearly needed."**

**Fluarix**- **"There are insufficient data on FLUARIX QUADRIVALENT in pregnant women to inform vaccine-associated risks."**
**"There are, however, no adequate and well-controlled studies in pregnant women.** Because animal reproduction studies are not always predictive of human response, **FLUARIX should be given to a pregnant woman only if clearly needed."**

**Fluvirin**- **"Safety and effectiveness of FLUVIRIN® have not been established in pregnant women, nursing mothers or children less than 4 years of age. (8.1, 8.3, 8.4)"**

**"There are, however, no adequate and well-controlled studies in pregnant women.** Because animal reproduction studies are not always predictive of human response, **this vaccine should be used during pregnancy only if clearly needed."**

**Flublok- "Safety and effectiveness of Flublok have not been established in pregnant women, nursing mothers, children, or adults 50 years of age and older. (8.1, 8.3, 8.4, 8.6)"**
**"There are, however, no adequate and well-controlled studies in pregnant women.**
Because animal reproduction studies are not always predictive of human response, **this vaccine should be used during pregnancy only if clearly needed."**

**Fluad- "There are, however, no adequate and well-controlled studies in pregnant women.** Because animal reproduction studies are not always predictive of human response, **this vaccine should be used during pregnancy only if clearly needed."**

**Flucelvax- "Safety and effectiveness of FLUCELVAX have not been established in pregnant women or nursing mothers. (8.1)"**
**"There are, however, no adequate and well-controlled studies in pregnant women.** Because animal reproduction studies are not always predictive of human response, **this vaccine should be used during pregnancy only if clearly needed."**

**Flulaval- "There are insufficient data on FLULAVAL QUADRIVALENT in pregnant women to inform vaccine-associated risks."**

**Flumist-**
**"Who may not be able to get FluMist Quadrivalent?**

- **are pregnant or nursing"**

"FluMist Quadrivalent is not absorbed systemically following intranasal administration and maternal use is not expected to result in fetal exposure to the drug." *My obvious question would be, if it is not absorbed into the system, then how can it stimulate an immune response and provide the promised "protection"?*

## The FDA admits that safety testing was never done on the flu vaccines or the Tdap in pregnancy, yet both are recommended for pregnant women

Despite the package warnings you just read about, the CDC recommends that all pregnant women get the flu and Tdap shots. ***Children's Health Defense*** recently published an excellent article on this use of untested flu and Tdap vaccines on pregnant women. It reveals that the FDA has no records showing that these vaccines have been safety tested.

Filing a Freedom of Information Act Request, Robert F. Kennedy Jr., on behalf of The Informed Consent Action Network (ICAN) **asked the FDA for the following: "A copy of the report for each clinical trial relied upon by the FDA when approving for use by pregnant women any influenza vaccine currently approved by the FDA."**

**In response, they received the following response from the FDA: "These requests sought the clinical trials relied upon by the FDA prior to approving any currently licensed influenza or Tdap vaccine for use in pregnant women as an indicated use. ... We have no records responsive to your requests."**

https://childrenshealthdefense.org/news/fda-admits-that-government-is-recommending-untested-unlicensed-vaccines-for-pregnant-women/

## If all of that damning evidence regarding the insanity of giving pregnant women vaccines loaded with toxic compounds isn't enough, there are more on the way!

A 2018 article in the journal ***Expert Reviews of Vaccines*** titled, **Immunization During Pregnancy** discusses the development of group B streptococcus and respiratory syncytial virus vaccines to be given during pregnancy.

"…presents available data on group B streptococcus and respiratory syncytial virus **that are in development for administration during pregnancy**." https://www.ncbi.nlm.nih.gov/pubmed/29715051

**Imagine doubling the load of toxins on the unborn fetus. And if you think they are done there, think again! There is tremendous profitability and dozens of other viruses and bacteria left to try to vaccinate into oblivion, all at the expense of an unsuspecting and trusting public.**

## Despite all of this evidence and more, groups like the *American College of Obstetricians and Gynecologists* make false position statements

**These statements that completely absolve vaccination from any potential for risk are irresponsible.** These are the kinds of misleading statements that give people a false sense of security and safety, when what is really needed from these groups is truth and honesty. Groups that represent an entire profession should endeavor to provide accurate information.

Here are a couple examples from the page on their website giving advice on the flu vaccine and pregnancy. https://www.acog.org/Patients/FAQs/The-Flu-Vaccine-and-Pregnancy

***The red words are those from their statement that I am challenging, and the black italicized words are my response.**

**Are vaccines safe?**

Vaccines are developed with the highest safety standards. The U.S. Food and Drug Administration approves all vaccines. The CDC continues to monitor all vaccines after they are approved. They have been used for many years in millions of pregnant women and **are not known to cause pregnancy problems or birth defects.** ***(In addition to the evidence already presented, you will see a mountain of additional evidence throughout the remainder of this document. In fact, they may not consider miscarriage a birth defect, but a strong connection exists as just presented a few pages ago).***

**Can vaccines made with thimerosal cause autism?**

There is **no scientific evidence that vaccines made with *thimerosal*, a mercury-containing preservative, can cause *autism* or other health problems in babies**. ***(No scientific evidence? Really? Numerous studies, many presented in this document disagree, as well as the Subcommittee on Human Rights and Wellness, Committee on Government Reform quoted previously. That is exactly why the decision was made to remove it from many of the vaccines).*** **Thimerosal-containing vaccines do not cause autism in children born to women who received these vaccines. There is a flu vaccine made without thimerosal, but experts have not said that the thimerosal-free version is better for any particular group—including children and pregnant women.** ***(That's what happens when you are unwilling to look beyond the studies that support your position. Also, "many experts" have said that the thimerosal version is better as presented in this document. They instead should have said, "The experts we agree with…" The mantra that the rates of autism have continued to climb after the removal of thimerosal is because of the substitution of aluminum and other adjuvants, fetal DNA and other components that have increased in vaccines, not to mention the ever-increasing number of vaccine doses being added to the schedule).***

## The CDC's position statements are very similar. This is from their website:

**A Long Record of Safety for Flu Shots in Pregnant Women**

Flu shots have been given to millions of pregnant women over many years with a good safety record. There is **a lot of evidence that flu vaccines can be given safely during pregnancy**; though these data are limited for the first trimester. **CDC and ACIP recommend that pregnant women get vaccinated during any trimester of their pregnancy. It is very important for pregnant women to get the flu shot.**
https://www.cdc.gov/flu/protect/vaccine/pregnant.htm

***Not only do medical groups work so hard to make vaccines appear safe and without blemish, but the reality is that they are trying to prop up something that has a miserable track record of safety and effectiveness, as you are about to find out.***

*If you jumped to this section because of an interest in finding out about the dangers of vaccines during pregnancy, but missed the discussion on phenol in the vaccine ingredients section, you may want to check that out as well.

## Scant evidence of the safety and efficacy of the flu vaccine for young children

This 2012 article published in the ***Journal of Human Vaccines and Immunotherapeutics*** titled, **effectiveness and harms of seasonal pandemic influenza vaccines in children adults and elderly – a review and reanalysis of 15 meta-analyses** looked at the **15 meta-analyses that had been published between 1995 and 2011** to evaluate the efficacy/effectiveness and harms of diverse influenza vaccines. http://www.tandfonline.com/doi/abs/10.4161/hv.19917

After this exhaustive analysis, the following statement was issued regarding the flu vaccine for young children:

"However, **Live Attenuated Virus (LAV) is not recommended for children aged < 2 y, while Parenteral Inactivated Vaccine (PIV) is recommended in several countries. In addition, very limited data are available on the safety profile of both vaccines.**"

Based on such strong evidence, it is dangerous and irresponsible that the CDC has not changed their recommendations that were made in the previously mentioned **2010 US advisory committee on immunization practices** to start vaccinating children at six months old. Once again this shows a callous disregard for the health of children and in favor of big Pharma. As you continue to read this article, you will see why this is such a big deal.

### Package insert warnings from the flu vaccines warn against giving them to young children

As you will see from the warnings from these flu vaccines package inserts, these vaccines are often given to infants and young children against the recommendations of the manufacturers. Since many doctors are not educated on this, parents must take the lead and bring this vital information to their attention.

**Afluria**

"AFLURIA is not approved for use in children less than 5 years of age because of increased rates of fever and febrile seizures. One comparator-controlled trial demonstrated higher rates of fever in recipients of AFLURIA as compared to a trivalent inactivated influenza vaccine control."

**Fluarix**

"The immune response to FLUARIX has been evaluated in children aged 6 months through 4 years. In a randomized, controlled trial, serum hemagglutination-inhibition (HI) antibody titers were lower in

children aged 6 months through 35 months compared with a US-licensed vaccine. Based on these data, FLUARIX is not approved for use in children younger than 3 years."

**Fluvirin**
"The safety and immunogenicity of FLUVIRIN® have not been established in children under 4 years of age."

**Flublok**
"Data from a randomized, controlled study demonstrated that children 6 months to less than 3 years of age had diminished hemagglutinin inhibition (HAI) responses to Flublok as compared to a U.S.-licensed influenza vaccine approved for use in this population, strongly suggesting that Flublok would not be effective in children younger than 3 years of age. Safety and effectiveness of Flublok in children 3 years to less than 18 years of age have not been established."

**Fluad**
"The safety and effectiveness of FLUAD in the pediatric population have not been established. In clinical trials, in children 6 through 23months of age, FluMist was associated with an increased risk of hospitalization and wheezing. (8.4)"

## Despite convincing evidence to the contrary, the CDC is still on board with infants as young as 6 months getting the thimerosal containing flu vaccine

**Here are screen captures from the CDC's 2016-2017 Influenza Vaccine recommendations, still showing that the CDC is comfortable with infants as young as 6 months old to receive the thimerosal containing flu vaccine.**

TABLE 1. Influenza vaccines — United States, 2016–17 influenza season

| Trade name | Manufacturer | Presentation | Age indication | Mercury (from thimerosal) µg/0.5 mL | Latex | Route |
|---|---|---|---|---|---|---|
| Inactivated influenza vaccine, quadrivalent (IIV4), standard dose[7] | | | | | | |
| Fluarix Quadrivalent | GlaxoSmithKline | 0.5 mL single-dose prefilled syringe | ≥3 yrs | NR | No | IM[8] |
| Flulaval Quadrivalent | ID Biomedical Corp. of Quebec (distributed by GlaxoSmithKline) | 0.5 mL single-dose prefilled syringe | ≥6 mos | NR | No | IM |
| | | 5.0 mL multi-dose vial | ≥6 mos | <25 | No | IM |
| Fluzone Quadrivalent - Sanofi Pasteur | | 5.0 mL multidose vial | ≥6 mos | 25 | No | IM |

Source: https://www.cdc.gov/flu/protect/vaccine/vaccines.htm

***In addition to the previous section on vaccines in pregnancy, you should re-visit pages 108-124 covering vaccine ingredients, many of which have specific warnings against exposure during pregnancy. You should also review the section on pages 440-446 on the germ layer DNA damage caused to a fetus from various toxins in vaccines. This has been shown to cause multi-generational DNA damage in the offspring of the fetus and their offspring up to several generations. As you will see, this damage is also linked to common diseases in adulthood. Be sure to read my red-letter commentaries on page 441 and 443-447.**

### Women who are breastfeeding must also be aware of the warnings.

One flu vaccine manufacturer admits that that they don't know the ramifications of taking their vaccine while breastfeeding.

"It is not known whether FLULAVAL QUADRIVALENT is excreted in human milk. Data are not available to assess the effects of FLULAVAL QUADRIVALENT on the breastfed infant or on milk production/excretion."

# THE LYNCHPIN – TOO MANY SHOTS, TOO EARLY

## All medical students are taught that the Blood Brain Barrier is still porous early in life

I know it's a radical idea for the average person to question the safety of these ingredients (kidding of course), but I don't think it is at all radical for someone like myself who is a medical professional. All doctors (M.D.s, D.O.s, D.C.s, NMDs) all study **Guyton's Physiology** and have learned that the blood brain barrier (BBB), isn't completely closed at least until age 2 and some doctors feel that it may not completely close until adolescence. In the adult brain, there are what are called "tight junctions". Those very small spaces only allow a select number of things to pass into the brain. Just like growth plates in bones are not fully close until late in a child's teens, these tight junctions are actually loose junctions early in life. This means that larger molecular weight molecules like toxins, chemicals and heavy metals are able to pass freely into the brain. When those immature loose junctions finally mature and close, it keeps most toxins and metals from passing through into the brain. Even as an adult, certain conditions

including brain trauma alcohol and drug abuse, and even obesity can weaken this selective barrier effect of the brain's blood vessels.

This is a quote from **Guyton's physiology**: "The neurons of the brain require a very exactly controlled environment, or else their function becomes abnormal and so also does the function of the entire brain. The blood brain barrier protects the cerebral tissue from detrimental substances in the blood." (Guyton, 6th Edition, pg. 386)

To date, PubMed lists nearly 41,000 articles that discuss the blood brain barrier. Type blood brain barrier in the search bar at www.pubmed.org and you will see for yourself that It is a very important topic in medicine, but possibly the one thing that is most important to consider when talking about vaccinating babies and young children.

This 2012 article titled **Blood–brain barrier dysfunction–induced inflammatory signaling in brain pathology and epileptogenesis,** is from the ***Journal Epilepsia***. It goes in-depth about the problems of a faulty or immature blood brain barrier as a major causative factor for neurological and neurodegenerative diseases. This is a summary from the article:

"The protection of the brain from blood-borne toxins, proteins, and cells is critical to the brain's normal function. Accordingly, a compromise in the blood–brain barrier (BBB) function accompanies many neurologic disorders and is tightly associated with brain inflammatory processes initiated by both infiltrating leukocytes from the blood, and activation of glial cells. Those inflammatory processes contribute to determining the severity and prognosis of numerous neurologic disorders, and can both cause, and result from BBB dysfunction."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3703535/

## Multiple doses of vaccines in a single doctor visit increases risk exponentially

2016 paper written by ***Neil Z. Miller*** and published in the ***Journal of American Physicians and Surgeons*** titled, **Combining Childhood Vaccines at One Visit is Not Safe** questions this common practice. The findings of the research discussed in this paper are so powerful, shocking and important, that I felt it necessary to include a good portion of the paper here. As you read this. Bear in mind when the numbers of adverse vaccine reactions reported in VAERS are just a very small percentage (as low as 1-2%), of all adverse reactions that occur. The numbers reported here based on just the adverse events reported to VAERS are shocking themselves. If you add two zeros to each of those numbers as a possibility of what the actual numbers really are, that would truly be catastrophic.
https://www.jpands.org/vol21no2/miller.pdf

**From the paper:**
"Although CDC recommends polio, hepatitis B, diphtheria, tetanus, pertussis, rotavirus, *Haemophilus influenzae* type B, and pneumococcal vaccines for two-, four-, and six-month-old infants, **this combination of eight vaccines administered during a single physician visit was never tested for safety in clinical trials. This is at odds with a CDC report that found that mixed exposures to chemical**

**substances and other stress factors, including prescribed pharmaceuticals, may produce "increased or unexpected deleterious health effects." This CDC report also noted that "exposures to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures**." **Thus, CDC is well aware that mixing several pharmaceutical products increases the likelihood of synergistic toxicity and unexpected adverse reactions. Nonetheless, CDC urges infants to receive multiple vaccines concurrently without scientific evidence to confirm the safety of this practice.** Administering six, seven, or eight vaccine doses to an infant during a single physician visit is certainly more convenient for parents, as opposed to making additional trips to the doctor's office, and increases the likelihood that the infant will receive all the vaccines, but vaccine safety must remain the highest priority."

## Hospitalizations and deaths following vaccine administration increases proportionally with the number of doses given

**"We started by downloading the complete VAERS database from 1990 through 2010. There were more than 325,000 VAERS reports. We then eliminated all case reports that were not associated with infants (babies aged up to one year). This left us with 38,801 VAERS reports in which infants had adverse events after receiving one or more vaccine doses**."

"**Next, we determined how many vaccine doses each infant received prior to the adverse event**. (A computer program was written to make these calculations.) For example, if an infant received a hepatitis B vaccine and a rotavirus vaccine prior to the adverse event, it was recorded as two vaccine doses. **DTaP is administered with one injection but contains three separate vaccine doses, for diphtheria, tetanus, and acellular pertussis. Thus, if an infant received a polio vaccine, a pneumococcal vaccine, and DTaP prior to the adverse event, it was recorded as five vaccine doses.** Some babies received six, seven, or eight doses prior to an adverse event. This was not unusual because of the CDC recommendations noted above, plus its recommendation for two doses of an influenza vaccine during infancy."

"**Finally, we isolated the "serious" adverse events—hospitalizations and death—from non-serious events, such as fever and local reactions. About 13% of all adverse events reported to VAERS are classified as serious, involving life-threatening conditions, hospitalization, permanent disability, or death.** We sought to determine whether there were any trends or patterns associated with the number of vaccine doses an infant received and the likelihood that the adverse event reported to VAERS would require hospitalization or result in death."

**Vaccine Doses and Hospitalizations**

"**Of the 38,801 VAERS reports that we analyzed, 969 infants received two vaccine doses prior to the adverse event and 107 of those infants were hospitalized: a hospitalization rate of 11%. Of 1,959 infants who received three vaccine doses prior to the adverse event, 243 of them required hospitalization: 12.4%. For four doses, 561 of 3,909 infants were hospitalized: 14.4%. Notice the emerging pattern: Infants who had an adverse event reported to VAERS were more likely to require**

**hospitalization when they received three vaccine doses instead of two, or four vaccine doses instead of three**."

"**The pattern continues: Of 10,114 infants who received five vaccine doses prior to the adverse event, 1,463 of them required hospitalization: 14.5%. For six doses, 1,365 of 8,454 infants were hospitalized: 16.1%. For seven doses, 1,051 of 5,489 infants were hospitalized: 19.1%. And for eight doses, 661 of 2,817 infants were hospitalized: 23.5%. The hospitalization rate increased linearly from 11.0% for two doses to 23.5% for eight doses.** Linear regression analysis of hospitalization rates as a function of the number of reported vaccine doses yielded a linear relationship, with an *R**2*** of 0.91."

**"Note: The hospitalization rate of infants who received just one vaccine dose was disproportionately high (16.3%) due to the hepatitis B vaccine administered at birth. As such, the hospitalization rate corresponding to one dose is an outlier and was excluded from the linear regression analysis."**

**Vaccine Doses and Mortality**

"**Our study also calculated the case fatality ratio (mortality rate) among vaccinated infants, stratified by the number of vaccine doses they received. Of the 38,801 VAERS reports that we analyzed, 11,927 infants received one, two, three, or four vaccine doses prior to having an adverse event, and 423 of those infants died: a mortality rate of 3.6%. The remaining 26,874 infants received five, six, seven, or eight vaccine doses prior to the adverse event and 1,458 of them died: 5.4%. The mortality rate for infants who received five to eight vaccine doses (5.4%) is significantly higher than the mortality rate for infants who received one to four vaccine doses (3.6%), with a rate ratio (RR) of 1.5 (95% CI, 1.4-1.7). Of infants reported to VAERS, those who had received more vaccines had a statistically significant 50% higher mortality rate compared with those who had received fewer**."

**The Age Effect on Hospitalizations and Death**

"Our study also analyzed whether the age at which an infant received vaccines had an effect on hospitalizations and death. Of the 38,801 VAERS reports that we analyzed, 765 concerned **infants six-weeks-old or younger who received one or more vaccine doses prior to the adverse event**, and 154 of those infants **were hospitalized: a hospitalization rate of 20.1%.** Of 5,572 **infants aged six months at vaccination**, 858 were hospitalized: **15.4%.** Of 801 **infants who were nearly a year old when they were vaccinated,** 86 were hospitalized: **10.7%. The hospitalization rate decreased linearly from 20.1% for neonates to 10.7% for older infants.** Linear regression analysis of hospitalization rates as a function of patient age yielded an *R**2*** of 0.95."

"In the 38,801 VAERS reports we analyzed, 26,408 **infants were younger than six months**. After receiving one or more vaccine doses, 1,623 of those infants died: **a mortality rate of 6.1%.** The remaining 12,393 **infants were between six months and one year of age.** After receiving one or more vaccine doses, 258 of them died: **2.1%.** The mortality rate for vaccinated **infants younger than six months was significantly higher** than the mortality rate for vaccinated infants aged between six months and one year, with an RR = 3.0 (95% CI, 2.6-3.4). **Infants who had an adverse event reported to VAERS were significantly more likely to be hospitalized or die if they were younger rather than older at the time of vaccination.**"

**Summary of Results and Media Response**

"**Our study showed that infants who receive several vaccines concurrently, as recommended by CDC, are significantly more likely to be hospitalized or die when compared with infants who receive fewer vaccines simultaneously. It also showed that reported adverse effects were more likely to lead to hospitalization or death in younger infants**."

"**These findings are so troubling that we expected major media outlets in America to sound an alarm, calling for an immediate reevaluation of current preventive health care practices. But 4 years after publication of our study, this has not happened. Could it be because, according to Robert Kennedy, Jr., about 70% of advertising revenue on network news comes from drug companies?**

**He went on to say…. "Debate on vaccine safety is a Kafkaesque taboo on network news channels, which accept upwards of $5.4 billion annually from pharma, or on the editorial pages of America's newspaper conglomerates, many of which have financial ties to drug companies. … Instead of fact-based discourse, the debate… has devolved into 'argument by credential' and its corollary, 'argument by insult.' By reducing the issue to a binary choice—you're either pro-vaccine or anti-vaccine—journalists marginalize safety advocates…, vilify the parents of vaccine-injured children and silence debate on a complex issue. …The American public is entitled to an honest, probing and robust discussion about this critical public health issue—a debate based on facts, not rooted in fear, nor on blind faith in regulators and the pharmaceutical industry."**
***—Robert F. Kennedy, Jr.*** SOURCE: https://childrenshealthdefense. org/news/why-im-not-anti-vaccine-and-why-we-should-all-want-to-study-vaccine-safety/

**In fact, the president of a network news division admitted that he would fire a host who brought on a guest that led to loss of a pharmaceutical account. That may be why the mainstream media won't give equal time to stories about problems with vaccine safety**."

**Conclusion**

"**The safety of CDC's childhood vaccination schedule was never affirmed in clinical studies**. Vaccines are administered to millions of infants every year, yet health authorities have **no scientific data from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive.** National vaccination campaigns must be supported by scientific evidence. No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous."

"Undesirable outcomes associated with childhood vaccination can be reduced by requiring national vaccination policies to be supported by scientific evidence, holding vaccine manufacturers accountable when their products harm consumers, and urging major news outlets that rely on pharmaceutical advertising revenue to change their business models so that crucial scientific research, regardless of how controversial it may be, is widely disseminated into the public domain. **Meanwhile, the evidence presented in this study shows that multiple vaccines administered during one visit, and vaccinating young infants, significantly increase morbidity and mortality. Parents and physicians should consider health options associated with a lower risk of hospitalization or death."**

## The dramatic increase of vaccine doses since 1983

The National Vaccine Information Center has a couple of excellent infographics showing the increase in doses of the respective vaccines on the CDC Schedule.

1983- 22 doses of 7 vaccines by age 6 >>> 2017- 50 doses of 14 vaccines by age 6

1983- 24 doses of 7 vaccines by age 18 >>> 2017- 69 doses of 16 vaccines by age 18

View them here,,,

https://www.nvic.org/cmstemplates/nvic/pdf/downloads/1983-2017-vaccine-schedules.pdf

https://www.nvic.org/downloads/49-doses-posterb.aspx

# The acetaminophen (paracetamol) connection with autism

## Tylenol is the most recognized name brand of this drug

**Compounding the genetic predisposition to increased sensitivity in some individuals, a growing body of evidence over the last 5-7 years suggests that the use of acetaminophen (i.e. Tylenol), blocks the body's ability to produce glutathione, which is considered the body's "Master Antioxidant". This also happens to a greater degree in genetically susceptible children. That further prevents their bodies from eliminating toxins like mercury, aluminum, formaldehyde, MSG and other toxic substances found in vaccines. It's not the acetaminophen that causes autism, rather its use in proximity to vaccination that appears to handcuff the body's ability to clear the metals and toxins. While it is true that many children that regress into autism do so without having been given this drug, it now appears that the drug may significantly increase that risk.**

### This article does a fantastic job of explaining how this happens

This article written by William Shaw Ph.D., who is the ***Clinical Laboratory Director of Great Plains Laboratories***, is a very detailed accounting of the mechanisms by which acetaminophen does this. Much of the article is very technical, but a quick look will give you an idea of the content and the quality of his review. It also has 84 references. The title of the article is **Evidence that Increased Acetaminophen use in Genetically Vulnerable Children Appears to be a Major Cause of the Epidemics of Autism, Attention Deficit with Hyperactivity, and Asthma.** https://www.greatplainslaboratory.com/articles-

1/2015/11/13/evidence-that-increased-acetaminophen-use-in-genetically-vulnerable-children-appears-to-be-a-major-cause-of-the-epidemics-of-autism-attention-deficit-with-hyperactivity-and-asthma

Oh, and by the way the graph in the article is fascinating**. It shows a timeline demonstrating the rise in rates of autism and asthma strongly correlating with the increased use of acetaminophen**. In 1986, the FDA recommended that parents do not give their children aspirin because of the increased risk of Reye's Syndrome. Reye's Syndrome often caused severe brain damage and even death in around 30% of those contracting it. It also had an apparent 90% correlation with aspirin use. As an alternative to aspirin, pediatricians began to recommend acetaminophen. Because of those recommendations by the FDA, doctors and pediatrician's groups, parents began to give acetaminophen to their babies for fever, after circumcision and for fever and local injection site discomfort following vaccination. **The toxins in vaccines, including mercury, aluminum, MSG and others are expelled from the body, primarily by the body's master antioxidant glutathione. Acetaminophen essentially handcuffs the body's ability to eliminate those toxins by blocking production of glutathione, essentially poisoning genetically susceptible children. Studies have shown that autistic children have decreased capacities to eliminate these metals and toxins from their bodies.**

**A couple quotes from the article:**

**Acetaminophen has a long history of serious side effects.** "**A PubMed search of the scientific literature indicated the presence of 2685 articles regarding acetaminophen toxicity**.":

- Neurotoxic effects on brain neurons
- "Maternal use during pregnancy is associated with teratogenic defects in testicular function and gastrointestinal tract."
- Oxidative damage to proteins, nucleic acids, amino acids, and lipids
- Causes increased mitochondrial and cellular damage and death
- Severe immune abnormalities and immune response depression
- Depletion of glutathione by acetaminophen causes severe metabolic acidosis
- "The leading cause of liver failure in the United States."
- 56,000 emergency room visits in the US per year
- Increased rates of certain blood cancers
- Prenatally or postnatally increased incidence of asthma

**"As of 2012, there were 170 articles that indicated an association between toxic chemical exposure and autism."**

## A 2018 study that vaccinated rat pups with MMR and DPT and gave them acetaminophen for fever, produced autistic characteristics

A 2018 article from the journal ***Inflammopharmacology*** titled, **Effect of early natal supplementation of paracetamol on attenuation of exotoxin/endotoxin induced pyrexia and precipitation of autistic like features in albino rats**, strongly associated the connection with the development of autistic characteristics in rats that were vaccinated with MMR and DPT vaccines and given acetaminophen (Paracetamol-PCM), as is often done in human infants and children to control the fever from the vaccines. https://www.ncbi.nlm.nih.gov/pubmed/29327281

**From the Abstract:**
"The present study was aimed to test the hypothesis that paracetamol (PCM) can precipitate autistic like features when used to counteract vaccine-induced fever using experimental rat pups. The pups were treated with **measles mumps rubella (MMR) vaccine, diphtheria tetanus and pertussis (DPT) vaccines and lipopolysaccharide (LPS) with subsequent PCM treatment**. The pups were evaluated for postnatal growth (weight gain, eye opening) and behavior alterations (swimming performance, olfactory discrimination, negative geotaxis, nociception, and locomotor activity) by performing battery of neurobehavioral test. **Significant correlation was observed between social behavioral domains (nociception, anxiety and motor coordination) and pro-inflammatory load in the pups when treated with MMR/LPS along with PCM. A significant change in pro and anti-inflammatory (IL-4, IL-6, IL-10) markers were observed in rats treated with PCM, MMR, LPS, DPS alone or in combination with MMR, LPS and DPT.**" *(LPS stands for lipopolysaccharide, which is a vaccine adjuvant…Note that significant changes were created in the IL cytokines that regulate inflammation with the vaccines alone and in combination with the PCM)*

"Pups were also scrutinized for the markers of oxidative stress, inflammation and histopathologically. **All the treatment groups showed significant alteration in the behavioral changes, oxidative markers and inflammatory markers** without following any specific treatment. **These observation could be accorded to variable phenotypes *(expressions)* of autistic spectrum disorders (ASDs)**." ***(These markers of oxidative stress and inflammation were greater with the MMR + PCM, than the MMR alone and greater with DPT + PCM, than with DPT alone. This correlates with other similar studies and hypotheses that acetaminophen [or PCM] interfere with the body's natural antioxidant and anti-inflammatory protective mechanisms. This is harmful to 100% of individuals that are vaccinated, but especially harmful to those persons that have genetic defects in their ability to handle toxins already. Those are the ones at greatest risk of manifesting an autism spectrum disorder or a neurodevelopmental disability. This underscores the need TO DEVELOP GENETIC SCREENING TOOLS THAT WOULD IDENTIFY BABIES BORN WITH THESE GENETIC POLYMORPHISMS OR DEFECTS).***

## Acetaminophen interferes with glutathione production, reducing the ability to detoxify metals and toxins

This brand new 2017 article from the ***Journal of International Medical Research*** titled, **the Role of Oxidative Stress, Inflammation and Acetaminophen Exposure from Birth to Early Childhood in the Induction of Autism.** These authors are from Duke University Medical Center, Harvard Medical School and the University of Colorado, Boulder. http's s://www.ncbi.nlm.nih.gov/pubmed/28415925

This study emphasizes the fact that **the bodies of babies and young children have difficulty in the metabolic breakdown of pharmaceuticals and toxins**. One of the mechanisms that has repeatedly been shown is the fact that **acetaminophen interferes with the body's production of glutathione**, the most powerful detoxifying agent our bodies produce. Couple that with a genetic predisposition towards impaired detoxification ability, it's a recipe for disaster.

**From the article:**
"The wide range of factors associated with the induction of autism is invariably linked with either inflammation or oxidative stress, and sometimes both. The use of acetaminophen in babies and young children may be much more strongly associated with autism than its use during pregnancy, perhaps because of well-known deficiencies in the metabolic breakdown of pharmaceuticals during early development. Thus, one explanation for the increased prevalence of autism is that increased exposure to acetaminophen, exacerbated by inflammation and oxidative stress, is neurotoxic in babies and small children." **This leads to a decreased ability to eliminate toxins and heavy metals such as mercury and aluminum found in vaccines. This is most likely one of the most important missing links in the autism discussion of causation. Couple a genetic susceptibility, with a drug that depletes glutathione given to relieve fever and pain caused by vaccine injection and it's a recipe for disaster. On top of that, males that are circumcised are given heavy doses of acetaminophen for the pain of the procedure. Could that be one of the reasons that the rate of autism is so much higher in males?**

"**This view mandates extreme urgency** in probing the long-term effects of acetaminophen use in babies and the possibility that many cases of infantile autism may actually be induced by acetaminophen exposure shortly after birth."

**The significance of this correlation is underscored by this statement from the study. "The long-term, steady increase in the prevalence of autism was punctuated by short-term decreases coinciding with widely publicized cases of acetaminophen poisoning that temporarily deterred the public from using the drug."** ***Wow! The definition of punctuation that this author used, is defined by Dictionary.com as "to interrupt at intervals". Essentially, the statement means that when there were scares about safety of the acetaminophen supply and its usage dropped, there were also short term corresponding decreases in the autism rates.***

"Acetaminophen use is currently ubiquitous and thought to be the only humane approach to pain and fever reduction for children from the time of birth to 6 months." "**Almost one-quarter of all infants are given acetaminophen in any given week when in the hospital, making it the number one medication used in infants**." **Ironically**, the study also said, Acetaminophen is **not that effective** for pain relief for children and infants. "Thus, it seems unwise to risk potentially permanent neurological injury for apparently ineffective pain relief." Physical, non-pharmacological approaches to pain relief are promising and "have few side effects."

**The study also said, "At present, half of all parents of children with autism suspect vaccines as an underlying cause of their child's condition."**

**Once again, this reiterates that in genetically susceptible children, the inability for them to make enough glutathione, coupled with being given Tylenol makes them at risk for adverse reactions to the onslaught of metals and toxins they are exposed to from the excessive number of vaccines given before the blood brain barrier can protect them.**

## Another explanation as to the mechanism of how acetaminophen can contribute to autism

A 2009 article published in ***Alternative Medicine Review*** titled, **Did Acetaminophen Provoke the Autism Epidemic?** makes a strong connection with the role the popular drug acetaminophen may play in the expression of autism. http://archive.foundationalmedicinereview.com/publications/14/4/364.pdf

In 1980, after studies showed an association between aspirin and Reye's Syndrome in children, the market share shifted from the common use of aspirin to acetaminophen. According to a 1987 study published in the Journal ***Pediatrics*** titled, **National patterns of aspirin use and Reye syndrome reporting, United States, 1980 to 1985**, use of aspirin declined sharply and acetaminophen increased sharply. For nearly the last 40 years, it has been recommended by doctors and commonly given to children by parents, for pain and fever after vaccination.
https://www.ncbi.nlm.nih.gov/pubmed/3588140

**The Alternative Medicine Review article goes on to explain how acetaminophen impairs the body's ability to detoxify metals and chemicals:**

"Because infant's Tylenol is three times more concentrated than children's Tylenol, and parents may not realize children's cold remedies often contain acetaminophen, acetaminophen overdose in young children is not uncommon. Schultz et al noted that sulfation by the liver is the primary pathway to detoxify and excrete acetaminophen in children younger than 10."

"**When sulfation is impaired, acetaminophen oxidizes to the toxic metabolite N-acetyl-p-benzoquinone imine, which is then detoxified by glutathione. Acetaminophen overdose depletes the liver's supplies of sulfate and glutathione, impairing its ability to detoxify and excrete harmful substances**."

## How is circumcision possibly related to the increased incidence of autism in boys?

A 2013 article from the Journal of ***Environmental Health*** titled, **Prenatal and perinatal analgesic exposure and autism: an ecological link** found interesting correlations between acetaminophen (paracetamol) use for fever, pain and circumcision around the time of vaccination and autism. Most doctors recommend it for pain and fever management following vaccination.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673819/pdf/1476-069X-12-41.pdf

Using the U.S. Centers for Disease Control and Prevention Summary of Autism/ASD Prevalence Studies database and all available country-level data (n = 8 *countries*) for the period 1984 to 2005, these authors analyzed correlations between autism prevalence and exposure to acetaminophen *in utero*, and in early life, and as related to circumcision rates.

**In the US, "usage of paracetamol [acetaminophen] by pregnant women mirrors the population demographics of women whose children develop autism spectrum disorder, by race, age and education**."

**"In 1983 the average U.S. child received 8 immunizations before age 2. In 2011, the average was 25, a 313% increase."** This does not tell the whole story however. As discussed in other parts of this document, **the levels of toxic metals, human fetal DNA, animal proteins and DNA, chemicals and antibiotics found in vaccine today has increased by many multiples and is unprecedented.**

**Conclusions:**
"In this hypothesis generating exploratory analysis, **several lines of evidence support the plausibility of a relationship between prenatal and early life exposure to paracetamol and autism spectrum disorder**. It is proposed that the use of paracetamol in pregnancy and/or early childhood **may alter immune processes increasing the risk of autism spectrum disorder in susceptible individuals**. In an ecologic analysis, with all the previously discussed limitations, **a correlation was found between maternal prenatal use of paracetamol and autism spectrum disorder**. **Additionally, a correlation was identified for the first time between neonatal circumcision with a probable paracetamol exposure and autism spectrum disorder.** These relationships along with the synchronous rise in use of paracetamol and ASD, the convergence of the potential biologic mechanisms and the identification of plausible causes of increased male susceptibility provide consistent evidence of an association. Large scale population based epidemiologic studies are needed to confirm or disprove this association."

**Even if this association is accurate, it does not absolve vaccines as a major player in the autism/neurodevelopmental/behavioral/immunological challenges epidemic. Without the introduction of the toxic metals, fetal DNA and other chemicals like formaldehyde, Polysorbate 80, etc., etc., the use of acetaminophen would not cause autism. The acetaminophen (paracetamol), simply sabotages the body's ability to clear those toxins efficiently. The genetically or environmentally susceptible, or maternally predisposed children would still be at very high risk of developing autism. The additional compromise of the body's detoxification mechanisms by the drug, is in many cases the proverbial straw that breaks the camel's back.**

## A 2008 study found a significant association with acetaminophen use but not with ibuprofen. And, the MMR Vaccine is strongly associated with autism

A 2008 study published in the Journal ***Autism*** titled, **Acetaminophen (paracetamol) use, measles-mumps-rubella vaccination, and autistic disorder: the results of a parent survey** found a significant (600-800%) association with acetaminophen use after vaccination and autism. https://www.ncbi.nlm.nih.gov/pubmed/18445737

**From the study:**
"This preliminary study found that acetaminophen use after measles-mumps-rubella vaccination **was associated with autistic disorder**."

Compared to controls, children ages 1-5 years with autism were **eight times more likely to have gotten sick after the MMR vaccine**, and were **six times more likely to have taken acetaminophen**. Children with autism who regressed in development were **four times** more likely to have taken acetaminophen after the vaccine.

Illnesses concurrent with the **MMR** vaccine were **nine times more likely in autistic children** when all cases were considered, **and seventeen times more likely after limiting cases to children who regressed**.

**This is important, because acetaminophen (ie. Tylenol or other brands), is often used to control fever after vaccination. Parents need to be aware of this serious risk and doctors need to stop recommending it.**

## Children with autism are genetically more susceptible to the adverse effects on the liver of acetaminophen and therefore reducing glutathione production and protection

A 2010 study published in the Journal ***Acta Neurobiologiae Experimentalis*** titled, **Can autism be triggered by acetaminophen activation of the endocannabinoid system?**, makes a strong case for the autism acetaminophen connection. https://www.ncbi.nlm.nih.gov/pubmed/?term=20628445

**The Abstract:**
"**Acetaminophen use in children has been associated with increased autism risk**. Recent evidence suggests that acetaminophen's analgesic actions result from activation of the endocannabinoid system, and activation of this system can have neuromodulatory consequences during development. This investigation was performed to determine if there is evidence to support the hypothesis that acetaminophen use can trigger autism by activation of the endocannabinoid system."

**Excerpt from Dan Murphy D.C.'s article review 16-14:** ***(Dan Murphy D.C. is a professor at Life West University and is a highly sought after speaker and consultant on wide ranging health topics. He offers an article review subscription service covering many different and sometimes controversial health related topics).*** **His web site is** https://danmurphydc.com/ ). **He offers an excellent article review**

**service where he sends out article reviews on studies in the areas of drugs, nutrition, neurology, and science trends in health.**

"Acetaminophen is **available in more than 200 OTC and prescription drugs. It has more than 50 brand names, the best known is Tylenol in the US**. Tylenol, a pain/fever drug, is often given to children; parents rarely give children aspirin because of the increased risk of Reye's syndrome. **Acetaminophen is the primary cause of liver toxicity in the US.**"

"An internet search of the Tylenol WebPage finds this information: "Jr. TYLENOL® Meltaways® Chewable Tablets comes in an easy-to-use form that kids love—Jr. TYLENOL® Meltaways® Chewable Tablets. Fast relief —in yummy Grape Punch and Bubblegum Burst. Meltaways® are easy to give—no spoon and no water needed. And easy to take."

**"Liver warning:** This product contains acetaminophen. Severe liver damage may occur if your child takes more than 5 doses in 24 hours, which is the maximum daily amount." **Importantly, the liver is the primary producer of the detoxifying antioxidant glutathione. Glutathione depends upon the availability of sulfate**."

"Children with autism appear to be poor metabolizers of acetaminophen, leading to higher than normal therapeutic levels. "Children who are poor metabolizers of acetaminophen may be at higher [autism] risk since normal therapeutic doses may lead to higher blood levels in these children." *This in turn will decrease their body's ability to detoxify from the metals and chemicals they are exposed to including vaccines.*

# What's the bottom line with autism and what are the main triggers?

**Personally, I believe (and the science shows) that autism is caused by a variety of factors including all of these:**

- **Family history of autoimmune disease**.
- **Maternal obesity which is associated with increased systemic inflammation**.
- **Maternal infection during the pregnancy**.
- **Maternal pre-natal and child post-natal exposure to toxins from the vaccines** (mercury, aluminum and the other components listed above).
- **Maternal pre-natal and child post-natal exposure to environmental toxins and inflammatory dietary and lifestyle triggers that increase inflammation** and inflammatory cytokines (proteins) that can trigger microglial/neurological reactions in the baby. **Remember at the beginning of this document, I stated that there is no ONE cause of anything?** The increased use of

environmental toxins like glyphosate, the active ingredient in herbicides like Roundup by Monsanto have also shown strong correlation with the rise of autism. The use of pesticides and other toxic chemicals have also increased over the last three decades. http://www.anh-usa.org/half-of-all-children-will-be-autistic-by-2025-warns-senior-research-scientist-at-mit/

- **Genetic predisposition of reduced detoxification ability and immune competency conditions**. Genetic testing is available that can help to identify those individuals that may be at risk. If you would like to receive information about that kind of testing, click this link.

**GENETIC TESTING INFORMATION**

- **Too many vaccines too early in life**, especially before the blood brain barrier is closed and can protect the brain from the mercury, aluminum, polysorbate 80, formaldehyde, MSG, etc., which all have deleterious effects on the brain.
- **Doses of acetaminophen** (i.e. Tylenol, etc.), which has been proven to significantly reduce the body's ability to make glutathione. Glutathione is necessary to detoxify the mercury, aluminum and other toxins that are found in the vaccines. Several doses of Tylenol over 3-5 days of is often given for the pain of circumcision (it may one factor why boys are more affected by autism). It is also given to reduce pain and fever after children are given their shots, effectively rendering them incapable of eliminating many of the toxins in the shots.
- **Antibiotics given concurrently or shortly before being vaccinated**.

This table from this study does a nice job of summarizing the various "triggers" of autism based on the relative severity of the risk associated with that trigger.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536672/table/table1-0300060517693423/

**It summarizes the findings of the study, which cites that the things that cause inflammation and oxidative stress are major risk factors of autism. The list contains several things including acetaminophen, genetic variants including decreased glutathione production (also made worse by acetaminophen), parental autoimmune disorders, environmental toxins (pesticides, air pollution, heavy metals like mercury and aluminum), infection during pregnancy, maternal obesity, etc.**

# AUTOIMMUNE DISEASES ARE NEARING EPIDEMIC PROPORTIONS – THE VACCINE CONNECTION

Autoimmunity is when the body develops antibodies (auto antibodies), that cause the immune system to mistakenly attack a target organ or tissue. I am **not saying that vaccines are the "sole" cause of autoimmunity** (remember at the beginning I said that there is no ONE cause of any disease?). What I am

suggesting (and it's based on the dozens of references throughout this document), is that **scientists and researchers are finding a strong connection.** Just **do a key word search of autoimmune and one of autoimmunity and you will see how the articles throughout this eBook are riddled with that conclusion.**

Autoimmune diseases are **nearing epidemic proportions**. **According to *the American Autoimmune Related Diseases Association*, 50 million Americans suffer from one or more autoimmune conditions**. ***(Incredibly, that means nearly 1 person in 6 suffers from an autoimmune related illness)***

**From their web site:**
https://www.aarda.org/news-information/statistics/#1488234386508-a9560084-9b69

- The ***National Institutes of Health*** (NIH estimates up to 23.5* million Americans suffer from autoimmune disease and that the prevalence is rising. **We at AARDA say that 50 million* Americans suffer from autoimmune disease. Why the difference? The NIH numbers only include 24 diseases for which good epidemiology studies were available**.

- **Researchers have identified 80-100 different autoimmune diseases and suspect at least 40 additional diseases of having an autoimmune basis**. These diseases are chronic and can be life-threatening.

- NIH estimates up to 23.5 million Americans* have an AD. **In comparison, cancer affects up to 9 million and heart disease up to 22 million.**

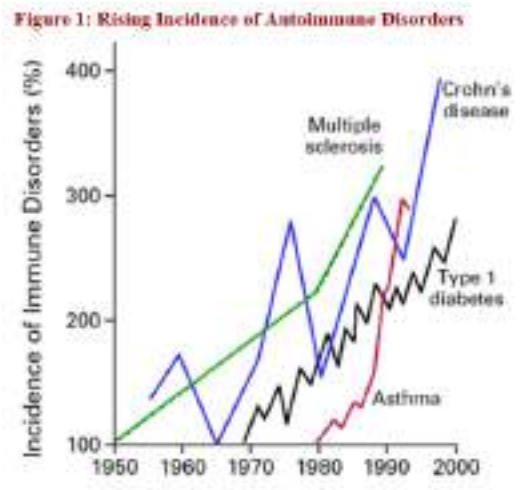
- **NIH estimates annual direct health care costs for AD to be in the range of $100 billion** (source: NIH presentation by Dr. Fauci, NIAID). In comparison, cancers costs are $57 billion (source: NIH, ACS), and heart and stroke costs are $200 billion (source: NIH, AHA).

- NIH research **funding for AD in 2003 came to $591 million**. In comparison, cancer funding came to **$6.1 billion**; and heart and stroke, to **$2.4 billion** (source: NIH).

Autoimmune diseases have been rising consistently over the last 3 decades. A December 2015 article published in the ***International Journal of Celiac Disease*** titled, **The World Incidence and Prevalence of Autoimmune Diseases is Increasing**, did a systematic review of 30 long-term studies over the last 30 years. The results are really quite remarkable and frightening.
https://www.researchgate.net/publication/294419057_The_World_Incidence_and_Prevalence_of_Autoimmune_Diseases_is_Increasing

**From the Abstract:**
***The world-wide average increase in incidence (new cases) per year was 19.1% and the average prevalence (% of population with autoimmune disease) per year was 12.5%.***

**This graph published in the Townsend Newsletter in 2012, shows about 4 decades of trending. Since then (over the last 20 years), the numbers have continued to climb unabated. In fact, the Mayo Clinic reports that U.S. Lupus rates have tripled in the last 40 years.**




The main takeaway from all of the research I have seen on this topic, is that **the common conclusion is that it is NOT genetic, but that it is environmental causes** that is triggering this run-away freight train. **The increased use of vaccines and the increased number of doses over the past 40 years seems to parallel the increase in autoimmune diseases shown in the chart above. I'd say reducing the vaccine dosing schedules would be a very good place to start!**

## Aluminum causes numerous malfunctions in various systems in the body

A 2013 article published in the Journal ***Immunome Research*** titled, **Aluminum's Role in CNS-immune System Interactions leading to Neurological Disorders**, describes the damaging effects aluminum has on various body systems and the mechanisms by which that can occur.
https://www.omicsonline.org/open-access/aluminums-role-in-cnsimmune-systeminteractionsleading-to-neurological-disorders-14822-1745-7580-9-069.php?aid=20403

**The Abstract: (Al refers to aluminum)**
"Multisystem interactions are well established in neurological disorders, in spite of conventional views that only the central nervous system (CNS) is impacted. **We review evidence for mutual interactions between the immune and nervous systems and show how these seem to be implicated in the origin and progression of nervous system disorders.** Well-established immune system triggers leading to autoimmune reactions are considered. Of these**, aluminum, a known neurotoxicant, may be of particular importance. We have demonstrated elsewhere that aluminum has the potential to induce damage at a range of levels in the CNS leading to neuronal death, circuit malfunction and ultimately, system failure. Aluminum is widely used as an adjuvant in various vaccine formulations and has been implicated in a multisystem disorder termed "autoimmune/inflammatory syndrome induced by adjuvants" (ASIA).** The implications of aluminum-induced ASIA in some disorders of the CNS are

considered. **We propose a unified theory capturing a progression from a local response to a systemic response initiated by disruption of water-based interfaces of exposed cells**."

"Aluminum has been used in vaccine formulations since 1926 after the discovery that it potentiates the immune response to the target pathogen. Perceptions of Al safety that abound in the medical literature are largely based upon a lack of recognized adverse events over the past 70 years, rather than randomized, true-placebo-controlled clinical trials, or the now abundant experimental animal literature. **A meaningful conclusion that unlimited use of Al is safe in vaccines cannot be made. Adverse events are significantly under-reported, and physician bias often influences the reporting process**. Quite often, the requisite inquiry as to whether a vaccination preceded an acute illness is not asked. Autoimmune reactions to aluminum in vaccines are not of sufficient frequency to facilitate prospective randomized control trials. Causation is difficult to establish in general, when so many factors could be in play, although the use of the Hill criteria certainly helps the process of sifting causality from coincidence. Some researchers have opined that the latency period of autoimmune disease makes it difficult to infer causation retrospectively, but this may not be a valid critique, since there is still a clear sequence of events from presumed causal factor to disease outcome."

"**Al adjuvants are used in childhood vaccines against diphtheria, tetanus, pertussis, hepatitis B, anthrax, *Haemophilus influenza* and human papilloma virus, amongst others**. **A child may be injected with as much as 4.225 mg of elemental Al by the age of 12 months**. **Our review of currently licensed vaccine package inserts in the United States is consistent with this figure**. Mitkus et al. reported that this dosage is within the U.S. Agency for Toxic Substances and Disease Registry's minimum risk levels for infants, **extrapolating data from a volunteer study of adults using radioactive aluminum tracer, and a toxic autokinetic study performed on rabbits**. *(REALLY?)* Mitkus et al. used the creatinine clearance differential between children and adults to estimate total Al body burden of infants following vaccination. **The estimation is based upon an assumption that Al excretion parallels creatinine clearance, an assumption that is unlikely to be correct either on theoretical or experimental grounds. In the first instance, rapid excretion of Al would nullify the very basis of having it as an adjuvant in the first place. Experimentally, the notion that Al adjuvants are rapidly excreted is challenged by the recent work of Khan et al."**

**A summary of the researchers explaining their proposed flow of aluminum in the body. Other downstream effects of health that may not be manifest for years is explained afterwards.**

"In the remainder of this paper, we will develop what we believe to be a novel proposal for an inflammation cascade subsequent to exposure of tissues to Al and other neurotoxicants.

**Briefly, the cascade can be outlined as follows:**

**(a) Aluminum disrupts water-based cellular homeostasis and causes a crisis for the exposed cell.**
**(b) The cell sends out "death alarm" messages, which draw in macrophages and other immune cells, initiating an inflammatory cascade.**
**(c) The highly stressed cell dies *via* necrosis rather than a "programmed cell death," and releases its DNA into the interstitial tissues.**

**(d) This extracellular DNA is picked up as an antigenic signal by immune cells and leads directly to autoimmune disease.**
**(e) In parallel, sulfate synthesis and sulfate transport are disrupted due in part to Al contamination of the pineal gland and other sensitive nuclei in the midbrain.**
**(f) The entire biological system switches from a sulfate-based to a phosphate-based management strategy for maintaining water interfaces, leading to hyperparathyroidism."**

"The capacity to produce vitamin D3 in the skin decreases with aging, and we believe this can be attributed in part to the impaired ability to produce sulfate because of an increasing Al burden. Sulfate is needed for efficient transport of vitamin D3 and of cholesterol, which is also produced in the skin. We have argued that Al disrupts this function by its biophysical effects on water. The overuse of Al-containing high-sun protection factor (SPF) sunscreens contributes to the problem both by blocking the UV light and by Al's role in disrupting eNOS' sulfate synthesis. Correlations between reduced sun availability and autism rates in the 50 states of the US are consistent with this hypothesis. **Impaired sulfate synthesis leads to systemic dysfunction manifested not only as neurological impairment, but also as diverse somatic conditions such as eczema, asthma, impaired gut function, diabetes, kidney disease and heart disease, due to deficiencies in cholesterol sulfate and other sulfated biomolecules. This provides a direct link between somatic and neurological aspects of autoimmune diseases."**

"Depending on a combination of genetic predisposition and the cumulative burden of environmental toxic exposures, the brain may or may not be spared when sulfate supplies become deficient. Even within the brain, it depends on which parts of the brain are most affected as to which neurological disease will emerge. Parkinson's disease defects are mostly concentrated in the *Substantia nigra* (the source of dopamine), whereas Alzheimer's affects mainly the cortex, at least initially, and ALS may focus on the motor neurons in the spinal cord, brain stem and motor cortex. However, all of these conditions have somatic complications that are explained by deficiencies in sulfate and by excessive activation of calcium phosphate pathways through an overactive parathyroid gland."

"As discussed in Section 5, an increase in bone fragility and parathyroid function follows directly from vitamin D3 insufficiency."

"In addition, sulfate depletion then leads to glucose intolerance due to the important role sulfate plays in the storage of glucose in the extracellular matrix."

"**In this article, we have demonstrated the multiple deleterious roles that Al plays across all levels of organization, beginning at a molecular level and culminating in systems-wide dysfunctions. Of particular relevance for the etiology of CNS disorders, Al acts directly to alter neural cell function. As well, Al disturbs immune function, and thus indirectly attacks the nervous system through autoimmune actions. The combined weight of these two actions may explain the diverse forms of many developmental and age-related neurological diseases. These observations may provide more than sufficient reasons to consider how we can limit human exposure to this element from whatever source. Of particular concern in this regard is to limit the exposure to the most vulnerable populations: the very young and the very old.**"

# Mercury and aluminum can trigger autoimmunity

In addition to the many articles sprinkled throughout this document implicating mercury and aluminum in the development of autoimmune conditions, here are just a few more.

## Mercury and aluminum in vaccines causing autoimmunity

This article titled **Vaccines, Adjuvants and Autoimmunity** is from the ***Journal Pharmacological Research*** 2015. https://www.ncbi.nlm.nih.gov/pubmed/26275795

**Quotes from the article:**
"**In this review of the literature, there is evidence of vaccine-induced autoimmunity and adjuvant-induced autoimmunity in both experimental models as well as human patients**."

"These mechanisms are shared by different conditions triggered by adjuvants leading to the autoimmune/inflammatory syndrome induced by adjuvants (ASIA syndrome)."

# Background and vaccine connection to the syndrome known as ASIA

A 2014 study published in ***Immunologic Research*** titled**, Autoimmune/inflammatory syndrome induced by adjuvants (ASIA): clues and pitfalls in the pediatric background**, goes into some of the background of the ASIA Syndrome and discusses the relationship between vaccine adjuvants and this constellation of disorders. https://www.ncbi.nlm.nih.gov/pubmed/25395340

**From the Abstract:**
"The development and increasing diffusion of new vaccinations and global immunization protocols have aroused burning debates about safety of adjuvants and their immunogenicity-enhancing effect in vaccines. Shoenfeld and Agmon-Levin have grouped under the term "autoimmune/inflammatory syndrome induced by adjuvants" (ASIA) a complex of variable signs and symptoms that may occur after a previous exposure to different adjuvants and also external environmental triggers, even eliciting specific overt immune-mediated disorders. This entity subsumes five medical conditions: post-vaccination phenomena, gulf war syndrome, macrophagic myofasciitis syndrome, siliconosis, and sick building syndrome, but the relevance and magnitude of the syndrome in the pediatric age is fundamentally limited to post-vaccination autoimmune or inflammatory disorders."

## Aluminum in vaccines not only triggers neurotoxicity and autoimmunity, but it also changes gene expression in the nervous system

This article from the Journal ***Immunotherapy*** in 2014 titled, **Are there negative CNS impacts of aluminum adjuvants used in vaccines and immunotherapy?** raises serious concerns about the use of aluminum in vaccines. https://www.ncbi.nlm.nih.gov/pubmed/?term=25428645

"**In spite of a common view that aluminum (Al) salts are inert and therefore harmless as vaccine adjuvants or in immunotherapy, the reality is quite different**. In the following article, we briefly review the literature on **Al neurotoxicity and the use of Al salts as vaccine adjuvants and consider not only direct toxic actions on the nervous system, but also the potential impact for triggering autoimmunity. Autoimmune and inflammatory responses affecting the CNS appear to underlie some forms of neurological disease, including developmental disorders. Al has been demonstrated to impact the CNS at every level, including by changing gene expression. These outcomes should raise concerns about the increasing use of Al salts as vaccine adjuvants and for the application as more general immune stimulants."**

## The Epidemic of Autoimmune Disease and the Aluminum Connection

I work as a health and lifestyle coach, utilizing functional medicine, clinical nutrition and lifestyle management with my clients. One of things I have noticed over the past few years is a dramatic increase in diagnosed autoimmune conditions. This is something that in my opinion has many causes, but the more I research the connection with vaccine adjuvants **AND** considering the huge increase in exposure to these toxins our children (and adults) have experienced **AND** as more vaccines are introduced **AND** the dosing schedules have increased, the more I am convinced that **these toxins are playing an increasingly significant role.**

## Aluminum and even newer adjuvants implicated in the creation of autoimmune diseases

A 2015 article published in the Journal of ***Autoimmunity Reviews*** titled, **On vaccine's adjuvants and autoimmunity: Current evidence and future perspectives**, cites that "**Recent studies implicate a web of mechanisms in the development of vaccine adjuvant-induced autoimmune diseases, in particular, in those associated with aluminium-based compounds**."
https://www.ncbi.nlm.nih.gov/pubmed/26031899

**From the Abstract:**
Adjuvants are compounds incorporated into vaccines to enhance immunogenicity and the development of these molecules has become an expanding field of research in the last decades. Several of these molecules have been approved, including aluminium salts, oil-in-water emulsions (MF59, AS03 and AF03), virosomes and AS04. **Adjuvants have recently been implicated in the new syndrome named**

**"ASIA-Autoimmune/inflammatory Syndrome Induced by Adjuvants", which describes an umbrella of clinical conditions including post-vaccination adverse reactions. Recent studies implicate a web of mechanisms in the development of vaccine adjuvant-induced autoimmune diseases, in particular, in those associated with aluminium-based compounds. Fewer and unsystematised data are instead available about other adjuvants, despite recent evidence indicating that vaccines with different adjuvants may also cause specific autoimmune adverse reactions possible towards different pathogenic mechanisms. This topic is of importance as the specific mechanism of action of each single adjuvant may have different effects on the course of different diseases**. Herein, we review the current evidence about the mechanism of action of currently employed adjuvants and discuss the mechanisms by which such components may trigger autoimmunity.

## Squalene and aluminum are the top two adjuvants associated with the autoimmune syndrome known as A.S.I.A.

A 2013 article from the journal ***Expert Review Clinical Immunology*** titled, **Autoimmune/inflammatory syndrome induced by adjuvants (Shoenfeld's syndrome): clinical and immunological spectrum**, looks at the vaccine adjuvant connection with the spectrum of autoimmune conditions syndrome now known as Autoimmune Inflammatory Induced by Adjuvants (A.S.I.A.).
https://www.ncbi.nlm.nih.gov/pubmed/23557271

**From the abstract:**
"An adjuvant is a substance that enhances the antigen-specific immune response, induces the release of inflammatory cytokines, and interacts with Toll-like receptors and the NALP3 inflammasome. The immunological consequence of these actions is to **stimulate the innate and adaptive immune response.** The activation of the immune system by adjuvants, a desirable effect, **could trigger manifestations of autoimmunity or autoimmune disease.** Recently, a new syndrome was introduced, autoimmune/inflammatory syndrome induced by adjuvants (ASIA), **that includes postvaccination phenomena**, macrophagic myofasciitis, Gulf War syndrome and siliconosis. This syndrome is characterized by nonspecific and specific manifestations of autoimmune disease. **The main substances associated with ASIA are squalene (Gulf War syndrome), aluminum hydroxide (postvaccination phenomena, macrophagic myofasciitis) and silicone with siliconosis. Mineral oil, guaiacol and iodine gadital are also associated with ASIA**."

Aluminum is by far the most commonly used adjuvant in vaccines. As discussed frequently in this document, the cumulative amounts of aluminum contained in the vaccine schedule is off the charts.

## Additional articles demonstrating connections with vaccines containing aluminum (which most do), and autoimmune diseases:

This article from ***Journal of Inorganic Biochemistry*** titled, **Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?**, clearly states that the **immunological effects from vaccines, can lead**

**to permanent alterations in the brain and immune system including autoimmunity**.
https://www.ncbi.nlm.nih.gov/pubmed/?term=22099159

From the article…. "Immune challenges during early development, including those vaccine-induced, can lead to permanent detrimental alterations of the brain and immune function. Experimental evidence also shows that simultaneous administration of as little as two to three immune adjuvants can overcome genetic resistance to autoimmunity. **In some developed countries, by the time children are 4 to 6 years old, they will have received a total of 126 antigenic compounds along with high amounts of aluminum (Al) adjuvants through routine vaccinations."**. In summary, research evidence shows that increasing concerns about current vaccination practices may indeed be warranted. Because children may be most at risk of vaccine-induced complications, **a rigorous evaluation of the vaccine-related adverse health impacts in the pediatric population is urgently needed**.

## Association of specific autoimmune diseases and specific vaccines

A 2010 article from ***Discovery Medicine*** titled, **Vaccines and Autoimmune Diseases of the Adult** looks at the proven associations of certain vaccines and specific autoimmune diseases.
https://www.ncbi.nlm.nih.gov/pubmed/20193633

**Abstract: "**Infectious agents contribute to the environmental factors involved in the development of autoimmune diseases possibly through molecular mimicry mechanisms. **Hence, it is feasible that vaccinations may also contribute to the mosaic of autoimmunity**. Evidence for the association of vaccinations and the development of these diseases is presented in this review. Infrequently reported post-vaccination autoimmune diseases include systemic lupus erythematosus, rheumatoid arthritis, inflammatory myopathies, multiple sclerosis, Guillain-Barré syndrome, and vasculitis. In addition, we will discuss macrophagic myofasciitis, aluminum containing vaccines, and the recent evidence for autoimmunity following human papilloma virus vaccine."

**From the Article:**
"Vaccines are a prototypic source for natural immune stimulation, **but may be involved in pathogenic disease in the setting of aberrant immune system function. Possibly, the burden on the immune system resulting from simultaneous multiple vaccines and even the different types of vaccines may also be an overwhelming challenge in the autoimmune prone individual** (Shoenfeld et al., 2008). In this review, we discuss the evidence for the development of autoimmune diseases following infections and vaccinations."

"Reported post-vaccination autoimmune diseases in the adult include SLE, rheumatoid arthritis (RA), inflammatory myopathies, multiple sclerosis (MS), Guillain-Barré syndrome (GBS), and vasculitis. Evidence for the association of vaccinations and the development of these diseases is presented in this review. In addition, we will discuss macrophagic myofasciitis, post aluminum containing vaccines and the recent support for autoimmunity following human papilloma virus vaccine."

Here are a couple of examples reported in the study:

**Hepatitis B vaccine-**
"A summary of the serious autoimmune adverse events following vaccination with hepatitis B vaccination reported to the vaccine adverse events reporting system (VAERS) include **in descending order by odds ratio:** RA (OR-18), optic neuritis (OR-14), SLE (OR-9.1), alopecia (OR-7.2), MS (OR-5.2), and vasculitis (OR-2.6). Many of the adverse events associated with hepatitis B vaccination were extra-hepatic and are manifestations of infection with HBV. **In addition to the potential epitopes in the HBsAg (HBV surface antigen) vaccine, adjuvants containing aluminum and mercury may provide potential antigenic stimulation** (Geier et al., 2005)."

**Multiple Sclerosis-**
"**Neurological manifestations are common following vaccinations (Huynh et al., 2008). In a case-control epidemiological study for serious adverse events reported in the hepatitis B vaccination exposed group compared to those that received tetanus vaccine, MS was prominent with an odds ratio of 5.2 (P<0.0003). Optic neuritis was also very commonly encountered (OR-14, p<0.0002) (Geier et al., 2005)."**

**These comments by the authors are very astute….**

**"A comprehensive strategy is required to develop a new vaccine that will not induce autoimmune manifestations as previously proposed."**

**"Perhaps, the assessment of autoantibody and HLA status prior to immunization will serve as a marker for individuals at risk. More research is required to identify those individuals who may develop autoimmune diseases following immunizations. It is not clear if genomics or proteomics will reveal the individuals with an increased risk to develop autoimmune phenomena."**

**One important consideration when considering results of studies on the association of vaccines and autoimmunity, is the amount of time subjects are followed. Autoimmune manifestations may take months and in many cases years to develop. Studies that do not follow the subjects for several years can erroneously report a negative association.**

## Attempting to connect patterns related to various vaccine adjuvants and the autoimmune conditions they trigger

A 2018 study from the journal ***Clinical Rheumatology*** titled, **The autoimmune/inflammatory syndrome induced by adjuvants (ASIA)/Shoenfeld's syndrome: descriptive analysis of 300 patients from the international ASIA syndrome registry**, looks at 300 cases of A.S.I.A. up to December 2016. The study looked at similarities and differences between the various manifestations of symptoms, time from

vaccination until onset of disease as well as clinical and laboratory features variables with the type of adjuvant used. https://www.ncbi.nlm.nih.gov/pubmed/28741088

**From the Abstract:**
"The autoimmune/inflammatory syndrome induced by adjuvants (ASIA) is a recently identified condition in which **the exposure to an adjuvant leads to an aberrant autoimmune response**. We aimed to summarize the results obtained from the ASIA syndrome registry up to December 2016, in a descriptive analysis of 300 cases of ASIA syndrome, with a focus on the adjuvants, the clinical manifestations, and the relationship with other autoimmune diseases."

"The mean age at disease onset was 37 years, and **the mean duration of time latency between adjuvant stimuli and development of autoimmune conditions was 16.8 months, ranging between 3 days to 5 years**. Arthralgia, myalgia, and chronic fatigue were the most frequently reported symptoms. **Eighty-nine percent of patients were also diagnosed with another defined rheumatic/autoimmune condition.** The most frequent autoimmune disease related to ASIA syndrome was undifferentiated connective tissue disease (UCTD). ASIA syndrome is associated with a high incidence of UCTD and positive anti-nuclear antibodies (ANA) test. **Clinical and laboratory features differ from the type of adjuvant used. These findings may contribute to an increased awareness of ASIA syndrome and help physicians to identify patients at a greater risk of autoimmune diseases following the exposure to vaccines and other adjuvants**."

**The real questions are, when they learn which individuals are at greater risk, what are they going to do about it? Will they implement protocols to test everyone, identify those at risk and allow those persons to opt out? Or, will they continue to push the one-size-fits-all approach, and crucify doctors and parents that attempt to get legitimate medical exemptions for vulnerable and at-risk individuals?**

## Many different flaws in vaccine technology exposed leading to numerous autoimmune and neurological disorders

https://www.ncbi.nlm.nih.gov/pubmed/22652881 This 2012 article published in the ***Frontiers of Bioscience*** Journal titled, **Peptide cross – reactivity: the original sin of vaccines**, does a wonderful job of explaining the cause and effect of adverse events to vaccination. It discusses **many different flaws within the vaccine technology**. It also **verifies that the adjuvants in vaccines do cause autoimmune reaction in the body** including reactivity to myelin which is the sheath that covers nerves in the spinal cord. **Demyelinating diseases such as multiple sclerosis and Lou Gehrig's disease or ALS have been on the rise over the last three decades. Because adjuvants stimulate hyperreactivity of the immune system, this hyperreactivity of the immune system is the fundamental definition of autoimmune disease**.

## A 2015 article identifies how to predict who may be at risk for post-vaccination autoimmunity

A 2015 article published in the journal ***Pharmacological Research*** titled, **Predicting post-vaccination autoimmunity: who might be at risk?** identifies 4 groups of individuals that are at higher risk for developing a vaccine induced autoimmune disorder. https://www.ncbi.nlm.nih.gov/pubmed/25277820

**From the article:**
**"**Vaccinations have been used as an essential tool in the fight against infectious diseases, and succeeded in improving public health. However, **adverse effects, including autoimmune conditions may occur following vaccinations (autoimmune/inflammatory syndrome induced by adjuvants--ASIA syndrome**)."

"**In this perspective we defined four groups of individuals who might be susceptible to develop vaccination-induced ASIA: patients with prior post-vaccination autoimmune phenomena, patients with a medical history of autoimmunity, patients with a history of allergic reactions, and individuals who are prone to develop autoimmunity (having a family history of autoimmune diseases; asymptomatic carriers of autoantibodies; carrying certain genetic profiles, etc**.)."

## A 2017 study looks at cases of autoimmune reactions caused by vaccines and attempts to identify risk factors underlying that correlation

A 2017 article published in the ***Journal of Predictive, Preventive and Personalized Medicine*** (PPPM), titled, **Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon?**, looks at evidence and mechanisms, by which vaccines can trigger autoimmune reaction and predictive ways to prevent the tragic outcome many individuals and families have experienced. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607155/

**From the article:**
"In the last decade, reports have accumulated on various autoimmune disorders, such as idiopathic thrombocytopenia purpura, myopericarditis, primary ovarian failure, and systemic lupus erythematosus (SLE), **following vaccination**. In this review, we discuss the possible underlying mechanisms of autoimmune reactions following vaccinations and review cases of autoimmune diseases that have been correlated with vaccination. **Molecular mimicry and bystander activation** are reported as possible mechanisms by which vaccines can cause autoimmune reactions. The individuals who might be susceptible to develop these reactions could be especially not only those with previous post-vaccination phenomena and those with allergies but also in individuals who are prone to develop autoimmune diseases, **such as those with a family history of autoimmunity or with known autoantibodies, and the genetic predisposed individuals**."

"**Further research is encouraged into the direct associations between vaccines and autoimmune conditions, and the biological mechanisms behind them**."

Here are just a couple of the examples given by the article regarding the correlation between vaccines and specific autoimmune conditions. One important thing to remember is that if vaccines have been proven to trigger certain autoimmune disease in certain individuals, the potential exists that is may be a primary causative factor in **ANY** autoimmune condition. **The list of autoimmune conditions continues to grow** as science is discovering the underlying mechanisms for new and even rare syndromes.

"**Systemic lupus erythematosus (SLE)** is a chronic, multisystemic autoimmune inflammatory disease. **Several studies reported the relationship between SLE and HBV vaccine, with statistically significant temporal/causal association, probably due to the low prevalence of post- vaccination autoimmunity, low rate of reporting post- vaccination adverse events, and various latency periods between vaccination and the onset of disease, as well as atypical presentation of autoimmunity following vaccine**. The cause-and-effect interaction between HBV vaccine and SLE is unclear, although the post-HBV vaccination auto- immunity might be related to an increase in the number of immune complexes as well as to the molecular mimicry between some components of the vaccine (e.g., aluminum, yeast, thimerosal) and self-antigens. **This theory is supported by the study of Kowal et al. that proved cross-reactivity, at the molecular level, between pneumococcal anti-bacterial antibodies and generation of anti-DNA antibodies, in SLE patients**."

"Another confirmed autoimmune adverse effect associated with vaccination is the induction of **Idiopathic Thrombocytopenia (ITP)**, also known as immune thrombocytopenia, **following the measles mumps rubella (MMR) vaccine**, in particular within 6 weeks of immunization. ITP is an autoimmune condition, clinically characterized by low platelet count (less than 100,000 platelets per microliter) due to increased destruction and impaired platelet production, and by the presence of autoantibodies (IgG) directed toward platelet membrane antigens (glycoproteins IIb-IIIa). The main clinical manifestations include various degrees of cutaneous and/or mucosal purpura; life-threatening hemorrhages occur in less than 5% of adult patients. **ITP risk following the MMR vaccine is seen highest in children, aged 12–19 months, which is the estimated age when children would normally be receiving the MMR vaccine.**"

**MMR and Rheumatoid Arthritis (RA),** is another. "Another study evaluated the incidence of joint manifestations within 6 weeks after MMR immunization: **it included 2658 vaccinated and 2359 non-vaccinated children, confirming an increased risk of joint symptoms (arthralgia or arthritis) in the immunized children.**" *(Benjamin CM, Chew CG, Silman AJ. Joint and limb symptoms in children after immunization with measles, mumps and rubella vaccine. BMJ. 1992;304:1075-7)."* The study then goes into more detail.

**HPV Vaccine and transverse myelitis. "**Transverse myelitis (TM) is the paradigm of inflammatory myelopathy, in which **an immune-mediated process causes neural injury to the spinal cord, resulting in varying degrees of weakness, sensory alterations, and autonomic dysfunction**. TM may exist as part of a multifocal central nervous system disease (e.g., multiple sclerosis), multisystemic disease (e.g., SLE), or as an isolated idiopathic entity." The study then goes into more detail.

**HPV vaccine and ASIA syndrome. "**Recently, several reports have suggested grouping different autoimmune conditions that are **triggered by external stimuli (e.g., exposure to vaccine)** as a single syndrome called auto-immune syndrome induced by adjuvants (ASIA). This syndrome is characterized by the appearance of myalgia, myositis, muscle weakness, arthralgia, arthritis, chronic fatigue, sleep disturbances, cognitive impairment, and memory loss."

**HPV vaccine and primary ovarian failure.** **"**The HPV vaccines (such as Gardasil® and Cervarix®) were introduced to fight the cervical cancer; however, **several cases of onset or exacerbations of autoimmune diseases following vaccination have been reported.**"

"**The authors suggested that the use of adjuvants in the HPV vaccine could be a risk factor for eliciting an autoimmune reaction to the vaccination: the DNA fragments detected in 16 different Gardasil® vaccines appeared to be bound to the aluminum used in the vaccine formulation**."

**Finally, a conclusion that makes perfect sense to me. Until an alternative to vaccines, or at least safer vaccines can be created, this seems to be an important next step.**

**The authors conclude with this: "Finally, we believe that our commitment should be to plan genetic investigations on the post-vaccination auto-immune-affected patients in order to clarify the pathogenic background and the physiopathology of vaccine-related autoimmune response. Hopefully, this approach might lead to outline a screen-test (patch test?) for this risk and, eventually, to prevention of adverse reactions by vaccination. It could represent a "personalized medicine" that could potentially improve preventive methods and therapeutic options, accordingly with the recommendations of the "European Association for Predictive, Preventive and Personalised Medicine." I say Amen to that!**

## New H. Pylori Vaccine alters immune cells and their adaptive immune response towards an inflammatory reaction and possible autoimmune direction

A 2018 study published in the journal ***Helicobacter*** titled, **Toxic adjuvants alter the function and phenotype of dendritic cells to initiate adaptive immune responses induced by oral Helicobacter pylori vaccines**, presents findings the vaccine produces, that could be very concerning. Right from the start, they tell you that a **toxic adjuvant** is necessary in the vaccine.

**From the Abstract:**
"**Toxic adjuvant is considered as an indispensable constituent** for oral Helicobacter pylori (H. pylori) vaccines. However, the elaborate role of toxic adjuvant in the initiation of adaptive immune response is largely undescribed."

"Gastric inflammatory and Th1/Th17 responses were analyzed by flow cytometry. Expressions of inflammatory cytokines were measured by quantitative real-time PCR."

"In a prophylactic vaccination model, mice immunized with NPs + adjuvants significantly reduced the gastric colonization of H. pylori, **induced antigen-specific antibody responses and Th1/Th17 cell responses**."

**My comments are italicized:**

*While a **Th1 response** can help mount an attack against bacteria and viruses, **it is proinflammatory and can lead to autoimmune disease.*** This quote is from a scientific commentary published in the ***British Medical Journal*** titled, **Th1 and Th2 responses: what are they?** "Th1-type cytokines tend **to produce the proinflammatory responses** responsible for killing intracellular parasites **and for perpetuating autoimmune responses**. Interferon gamma is the main Th1 cytokine. **Excessive proinflammatory responses can lead to uncontrolled tissue damage**, so there needs to be a mechanism to counteract this." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27457/

***Th17 cell responses*** *have been associated with triggering autoimmune responses. Inflammation in the gut drives the Th17 response and that causes more inflammation. It becomes a vicious cycle.* A 2015 article titled, **The Role of IL-17 and Th17 Lymphocytes in Autoimmune Diseases**, describes these concerns. "The end of twentieth century has introduced some changes into T helper (Th) cells division. The identification of the new subpopulation of T helper cells producing IL-17 modified model of Th1–Th2 paradigm and **it was named Th17. High abilities to stimulate acute and chronic inflammation made these cells ideal candidate for crucial player in development of autoimmune disorders. Numerous publications based on animal and human models confirmed their pivotal role in pathogenesis of human systemic and organ-specific autoimmune diseases.**"
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4633446/

**Back to the Abstract:**
"Our study indicated that **toxic adjuvants** within oral H.pylori vaccines **altered the function and phenotype of dendritic cells and facilitated the establishment of proinflammatory microenvironment** to initiate adaptive immune responses." *Dendritic cells are part of the immune system that act as messengers between the innate and adaptive part of the immune system. They show antigens on their surface to other cells like T cells (lymphocytes) that then respond to those antigens. My concern is that when you "alter the function and phenotype" of these immune cells (which means the behavior or way those cells interact with their environment), you may create a situation that gets out of control and leads to a chronic or lasting shift towards an inflammatory and autoimmune dominance.*

One of the adjuvants they used in this study raises major concerns. It is called LPS or lipopolysaccharide. The following quote is from **VIOLIN "a web-based vaccine database and analysis system"**
http://www.violinet.org/index.php

"Bacterial lipopolysaccharide (LPS) has T-helper 1 (Th1) immunostimulatory activities **but because of toxicity and pyrogenicity cannot be used as an adjuvant.**" (Jamalan *et al.*, 2011). **Pyrogenicity means that it stimulates fever**. As we have seen in this document, **spiking fever after administration of vaccines is one of the triggering mechanisms for adverse reactions, including autism**. **Why in 2018, are they developing vaccines with adjuvants in them that have been proven to be toxic and spike fever? This seems like another large scale, unsupervised and non-controlled human trial, for which we will not know the outcome and damage done for another decade or two. Well, what else is new? This seems to be the status quo and should be no surprise.**
http://www.violinet.org/vaxjo/vaxjo_detail.php?c_vaxjo_id=27

Incidentally, H. Pylori infections can be safely treated with natural herbal formulations that are made and distributed by various manufacturers.

# Other Adverse Health Conditions Being Linked to Vaccination

## Gulf War Syndrome linked to vaccines

### Gulf War Syndrome may be linked to the aluminum and squalene adjuvants in vaccines given to service personnel

A 2009 article in the ***Journal of Inorganic Biochemistry*** titled, **Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration**, suggests that Gulf War Syndrome may be linked to the vaccines adjuvants aluminum and squalene contained in the vaccinations given to service men and women who were deployed into the Gulf War theater.
https://www.ncbi.nlm.nih.gov/pubmed/19740540

**The Abstract:**
"Gulf War Syndrome is a multi-system disorder afflicting many veterans of Western armies in the 1990-1991 Gulf War. A number of those afflicted may **show neurological deficits including various cognitive dysfunctions and motor neuron disease, the latter expression virtually indistinguishable from classical amyotrophic lateral sclerosis (ALS) except for the age of onset**. This ALS "cluster" represents the second such ALS cluster described in the literature to date. **Possible causes of GWS include several of the adjuvants in the anthrax vaccine and others. The most likely culprit appears to be aluminum hydroxide. In an initial series of experiments, we examined the potential toxicity of aluminum hydroxide in male, outbred CD-1 mice injected subcutaneously in two equivalent-to-human doses. After sacrifice, spinal cord and motor cortex samples were examined by immunohistochemistry. Aluminum-treated mice showed significantly increased apoptosis *(death)* of motor neurons and increases in reactive astrocytes and microglial proliferation within the spinal cord and cortex. Morin stain detected the presence of aluminum in the cytoplasm of motor neurons with some neurons also testing positive for the presence of hyper-phosphorylated tau protein, a pathological hallmark of various neurological diseases, including Alzheimer's disease and frontotemporal dementia. A second series of experiments was conducted on mice injected with six doses of aluminum hydroxide. Behavioural analyses in these mice revealed significant impairments in a number of motor functions as well as diminished spatial memory capacity. The demonstrated neurotoxicity of aluminum hydroxide and its relative ubiquity as an adjuvant suggest that greater scrutiny by the scientific community is warranted."**

## Another study incriminates the aluminum and squalene adjuvants found in the Anthrax Vaccine given to service personnel that developed in Gulf War Syndrome

A 2007 article published in ***Neuromolecular Medicine*** titled, **Aluminum adjuvant linked to Gulf War illness induces motor neuron death in mice**, makes a strong case for the neurological deficits experienced by some men and women deployed in the Gulf War, relating to the aluminum and squalene in the heavy doses of vaccines they were given. https://www.ncbi.nlm.nih.gov/pubmed/17114826

**The Abstract:**
**Gulf War illness (GWI)** affects a significant percentage of veterans of the 1991 conflict, but its origin remains unknown. Associated with some cases of GWI are increased incidences of amyotrophic lateral sclerosis and other neurological disorders. Whereas many environmental factors have been linked to GWI, **the role of the anthrax vaccine has come under increasing scrutiny. Among the vaccine's potentially toxic components are the adjuvants aluminum hydroxide and squalene.** To examine whether these compounds might contribute to neuronal deficits associated with GWI, an animal model for examining the potential neurological impact of aluminum hydroxide, squalene, or aluminum hydroxide combined with squalene was developed. Young, male colony CD-1 mice were injected with the adjuvants at doses equivalent to those given to US military service personnel. All mice were subjected to a battery of motor and cognitive-behavioral tests over 6-mo period post injections. **Following sacrifice, central nervous system tissues were examined using immunohistochemistry for evidence of inflammation and cell death. Behavioral testing showed motor deficits in the aluminum treatment group that expressed as a progressive decrease in strength measured by the wire-mesh hang test (final deficit at 24 wk; about 50%). Significant cognitive deficits in water-maze learning were observed in the combined aluminum and squalene group (4.3 errors per trial) compared with the controls (0.2 errors per trial) after 20 wk. Apoptotic neurons were identified in aluminum-injected animals that showed significantly increased activated caspase-3 labeling in lumbar spinal cord (255%) and primary motor cortex (192%) compared with the controls. Aluminum-treated groups also showed significant motor neuron loss (35%) and increased numbers of astrocytes* (350%) in the lumbar spinal cord. The findings suggest a possible role for the aluminum adjuvant in some neurological features associated with GWI and possibly an additional role for the combination of adjuvants**.

* (The body uses astrocytes in a protective role in stress, injury or toxic conditions. The increased number of astrocytes is a protective response by the body trying to deal with inflammatory reaction or damage to the nerve cells).

## Nearly 100% of service personnel whether deployed to the Middle East or not, who developed Gulf War Syndrome had high levels of antibodies nearly 10 years later

An article published in the year 2000 in the ***Journal of Experimental and Molecular Pathology*** titled, **Antibodies to squalene in Gulf War Syndrome**, found that 95-100% of the service personnel that developed Gulf War Syndrome symptoms had antibodies to squalene.
https://www.ncbi.nlm.nih.gov/pubmed/10640454

**The Abstract:**
"Gulf War Syndrome (GWS) is a multisystemic illness afflicting many Gulf War-era veterans. The molecular pathological basis for GWS has not been established. We sought **to determine whether the presence of antibodies to squalene correlates with the presence of signs and symptoms of GWS**. Participants in this blinded cohort study were individuals immunized for service in Desert Shield/Desert Storm during 1990-1991. They included 144 Gulf War-era veterans or military employees (58 in the blinded study), 48 blood donors, 40 systemic lupus erythematosus patients, 34 silicone breast implant recipients, and 30 chronic fatigue syndrome patients. Serum antibodies to squalene were measured. In our small cohort, the substantial majority **(95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients** immunized for service in Desert Shield/Desert Storm **who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene**. **In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene. Neither patients with idiopathic autoimmune disease nor healthy controls had detectable serum antibodies to squalene. The majority of symptomatic GWS patients had serum antibodies to squalene."**

One thing that I found very interesting in this article, was that both deployed and non-deployed service personnel that had symptoms of Gulf War Syndrome, also had elevated antibodies to squalene. **The fact that service personnel who never deployed to the Middle East had high levels of squalene antibodies plus full-blown Gulf War Syndrome, tells me that the condition was not caused by anything else in the environment or on the battlefield in the theater. And it makes the squalene adjuvant that much more suspect.**

One would expect that person's injected with an adjuvant would develop some immune reaction and antibodies to that adjuvant, but **this study was done more than 9 years after those injections were given**. Adjuvants are supposed to give a short powerful reaction by the immune system so that the virus or virus components in the vaccines are recognized by the body's immune system and antibodies are produced to that virus. Then whenever the person is exposed to that virus, the immune system is supposed to mount an attack on that particular virus. Remember from the vaccine ingredients section on squalene that squalene is a compound that is naturally found in the body and in certain dietary sources and that it has beneficial properties in the body? Having antibodies attacking all the squalene in the body for years and years can have harmful consequences.

## Thimerosal and obesity

https://www.ncbi.nlm.nih.gov/pubmed/27583238 ***From the North American Journal of Medical Sciences,*** July 08, 2016 **Thimerosal-containing Hepatitis B Vaccine Exposure is Highly Associated with Childhood Obesity: A Case-control Study Using the Vaccine Safety Datalink.**

**CONCLUSIONS:** "In a dose-response manner, the present study associates an increased organic mercury exposure from Thimerosal-containing hepatitis B vaccines with an increased risk of obesity diagnosis and **suggests that Thimerosal is an obesogen." (causes obesity)**

# Thimerosal, aluminum, immunization and Type 1 diabetes

## Vaccines shown to cause "large number" of cases of type 1 diabetes

https://www.omicsonline.org/scientific-reports/2155-9899-SR-679.pdf ***Open Access Scientific Reports***, Vol. 2, Issue 3, 2013 titled **Prevalence of Autism is Positively Associated with the Incidence of Type 1 Diabetes, but Negatively Associated with the Incidence of Type 2 Diabetes, Implication for the Etiology of the Autism Epidemic**

**Conclusion:** …"**Vaccines have shown to cause a large number of cases of type 1 diabetes in both a prospective clinical trial as well as in animal toxicity studies.** The pathophysiology is believed to involve vaccine induced macrophage activation, especially by aluminum adjuvants and complex polysaccharides, and resulting interleukin 1, interleukin 6, and TNF production. It is the belief of the author, based in part on the data present in this manuscript **that the epidemics of type 1 diabetes and autoimmune autism are more likely than not to share the same etiological cause.**"

## Family history of type 1 diabetes increases risk of diabetes in offspring with vaccination

**Risk of Vaccine Induced Diabetes in Children with a Family History of Type 1 Diabetes** by John Barthelow Classen, MD. Published in ***The Open Pediatric Medicine Journal***, 2008, 2, 7-10 http://www.vaccines.net/7TOPEDJ.pdf

**Abstract**:
"Cohort data from Denmark in all children born from January 1, 1990 to December 31, 2000 was analyzed to assess the association between immunization and type 1 diabetes in all Danish children and in a subgroup where children had a sibling with type 1 diabetes. **Pediatric vaccines were associated with a statistically significant increased risk of type 1 diabetes in 12 of 21 endpoints in the general population.** The rate ratios in children who received at least one dose of a specific vaccine were also elevated in the subgroup and were statistically the same as in the general population. Three doses of the hemophilus vaccine were associated with a rate ratio of 1.23 (1.02<<RR<<1.48) and an absolute risk in the general population of three cases/100,000 per year compared to 1.58 (0.60<<RR<<4.15) **and an absolute risk of 2885 cases/100,000 per year in the subgroup with a sibling with type 1 diabetes. The hemophilus immunization is associated with a cumulative attributable risk of 2.3/100 (2.3%) in the subgroup."**

## HIB (Hemophilus Influenza B) Vaccination increases antibodies that can trigger diabetes

**Vaccinations may induce diabetes-related autoantibodies in one-year-old children.** Published in the ***Annals of the New York Academy of Sciences***, 2003.
https://www.ncbi.nlm.nih.gov/pubmed/?term=14679101

**Abstract:**
"**Vaccinations have been discussed as one among many environmental candidates contributing to the immune process that later may lead to type 1 diabetes**. ABIS (All Babies in Southeast Sweden) is a prospective cohort study following a nonselected birth cohort of general population. In a randomly selected sample collection from 4400 children, GADA and IA-2A have been determined at the age of 1 year. The information on vaccinations was collected from questionnaires answered by the parents and was related to beta cell autoantibodies. When studying the induction of autoantibodies using the autoantibody level of 90th percentile as cutoff level, hemophilus influenza B (HIB) vaccination appeared to be a risk factor for IA-2A…*(5.9X)*….and for GADA…*(3.4X)*…. in logistic regression analyses. Furthermore, the titers of IA-2A were significantly higher ($p < 0.01$ in Mann-Whitney test) in those children who had got HIB vaccination. **We conclude that HIB vaccination may have an unspecific stimulatory polyclonal effect increasing the production of GADA and IA-2A. This might be of importance under circumstances when the beta cell-related immune response is activated by other mechanisms**."

# 2017 study links Thimerosal and emotional disturbances

https://www.ncbi.nlm.nih.gov/pubmed/28102704 From the ***Journal Brain Injury*** 2017. **Thimerosal exposure and disturbance of emotions specific to childhood and adolescence: A case-control study in the Vaccine Safety Datalink (VSD) database.**

**CONCLUSIONS**: "**The results show a significant relationship between Hg exposure from Thimerosal-containing childhood vaccines and the subsequent risk of an ED diagnosis.**"

# Vaccines linked to pediatric psychiatric disorders

## A 2017 article from the Journal *Frontiers in Psychiatry,* finds that vaccines may well have a relationship to pediatric psychiatric disorders

A 2017 article from the Journal ***Frontiers in Psychiatry*** titled, **Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case–Control Study**, looked at the following diagnoses and found a relationship with a greater probability of the

development of certain disorders with certain vaccines. The departments involved in the research were from the Department of Public Health Sciences, Pennsylvania State University College of Medicine, Hershey, PA, USA and Yale Child Study Center, Yale University School of Medicine, New Haven, CT, USA. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5244035/

The psychiatric conditions and the specific vaccines most correlated with onset within either 3, 6 or 12 months:

- Obsessive compulsive disorder (OCD) - Influenza and Hepatitis A vaccines
- Anorexia nervosa (AN) - Influenza or Tetanus and Diphtheria vaccines
- Anxiety disorder - Influenza
- Tic disorder (TD) - Influenza or Meningococcal
- Attention Deficit Hyperactivity Disorder (ADHD) - any vaccine
- Major depression - less likely correlated
- Bipolar disorder - less likely correlated

*Keep in mind this **only followed the 6-15 year olds for 12 months, so it is possible that additional correlations may occur beyond one year.**

**From the study:**
"Some disorders were predominantly female (AN), and some predominantly male (ADHD and TD). Receipt of any vaccine in the previous 6 months was highest for children with AN (21.4%), followed by OCD (15.9%) and tic disorder (15.8%)."

**"Children with OCD, AN, anxiety disorder, or ADHD were more likely to have had a vaccination in each of the preceding periods than their matched controls, and children with tic disorder were more likely to have had a vaccination in the preceding 6- and 12-month periods than their matched controls. Hazard Ratios (HRs), associated with receipt of any vaccine were highest for children with AN, ranging from 1.47 for the 12-month preceding period to 1.80 for the 3-month preceding period, followed by OCD, which ranged from 1.23 for both the 12-month and 3-month preceding periods to 1.27 for the 6-month preceding period."** *(An HR of 1.0 would be zero correlation…An HR of 1.27 is a 27% increased incidence…An HR of 2 would be a 100% increase incidence)*

**"Children with OCD were more likely to have received the influenza vaccine in each of the preceding periods, or the hepatitis A vaccine in the previous 6 or 12 months. Children with AN were also more likely to have received the influenza vaccine in the preceding 3 or 6 months, or the TD vaccine in the previous 12 months. Children with anxiety disorder were more likely to have received the influenza vaccine in the previous 12 months. Children with tic disorder were more likely to have received an influenza or a meningococcal vaccine in the previous 6 or 12 months."**

**"Our findings showing that children with AN, OCD, or a tic disorder were more likely to have received the influenza vaccine in the preceding periods were noteworthy given the findings of increased incidence of narcolepsy in Finland, Sweden, Ireland, Norway, England, and France after vaccination with AS03-adjuvanted H1N1 vaccine. Studies also show a threefold increase in the incidence of**

**narcolepsy after following the 2009 H1N1 pandemic in China. Although the strong association between HLA class II and narcolepsy suggests that narcolepsy may be an autoimmune disorder,** the exact mechanism leading to immune-related narcolepsy is not completely understood and other host factors are likely to play an important role."

"**It is also of note that the observed association between the antecedent administration of the influenza vaccine and the new onset of AN and OCD may suggest that aberrant immune functioning may be a common pathogenetic pathway for OCD and AN**. The high comorbidity rates between OCD and AN, common cortico-striatal abnormalities in neuroimaging studies, and anti-putamen antibodies both in OCD and AN cases are some of the shared features of these two disorders worth considering. **In addition, the increased risk for autoimmune disorders (such as type 1 diabetes mellitus, Crohn's disease, and celiac disease) in eating disorders and the documented comorbidity of OCD and autoimmune diseases (such as systemic lupus erythematosus, thyroid dysfunction, and multiple sclerosis) indicate the possible shared host factors and the role of immune-mediated mechanisms in the development of AN and OCD**. We also note the findings of Zastrow and colleagues that vaccination to prevent H1N1 influenza is recommendable even in extremely underweight AN patients." *(Obviously not a good idea).*

**Clinical Significance**

**"These findings provide preliminary epidemiologic evidence that the onset of some pediatric-onset neuropsychiatric disorders, including AN, OCD, anxiety disorders, and tic disorders, may be temporally related to prior vaccinations. Each of these conditions is etiologically heterogeneous *(diverse in character)*, and host factors *(i.e. Genetic factors, immune competency, nutritional status, etc.),* likely play an important role in a small subset of vulnerable individuals."**

***Again and importantly, they only followed these 6-15 year olds for 12 months. And they only tracked influenza, tetanus and diphtheria (TD), hepatitis A, hepatitis B, meningitis, and varicella. They did not test pertussis, measles, mumps, rubella, HPV or polio vaccines, which are also all on the schedule.***

***Isn't it amazing that all of those psychological disorders have now been linked to various vaccines? This may explain in part the tremendous rise in pediatric emotional and psychological problems. Once again, as you will see in other places in this document the pharmaceutical industry stands ready to "treat" these manufactured conditions with a wide array of psychological and behavioral drugs. And incredibly, Yale University and their medical system continues to recommend the whole host of vaccines to their students and medical personnel, including the ones that they found these results in.***

*Notice, once again we see that the term "vulnerable individuals". As you will see in various sections in the rest of this document, the consensus in the scientific community is that there is a subset of individuals that are vulnerable to adverse reactions due to numerous biological variants within their makeup. Where the problem lies, is the fact that screening tests to identify these various abnormalities have yet to be invented or are not yet available for testing in an accurate, efficient and cost-effective manner.*

## Rates of seizures from specific vaccines

**Speaking of seizures following vaccination**, the VAERS reporting System allows us to identify trends in type of vaccine given cross referenced with age to see which vaccines are the greatest seizure generators. **This link** http://www.medalerts.org/analysis/archives/468 **shows a very interesting correlation across the spectrum correlating seizures from the different vaccine by age group.**

## 2018 article demonstrates that children with epilepsy have higher rates of seizures after vaccinations than those with epilepsy that were not vaccinated

The article published in BMC Pediatrics titled, **Risk of seizures after immunization in children with epilepsy: a risk interval analysis**, finds a significant increase in seizures after immunization, although the risk of "medically attended" seizure was not increased (meaning needed medical intervention). https://bmcpediatr.biomedcentral.com/track/pdf/10.1186/s12887-018-1112-0

**From the study:**
"**Children with immunizations had more seizures than either those with no immunizations or those with no records(mean 2.5 *(vaccinated)* versus 0.7 *(non-vaccinated)* versus 0.9 *(no records)*…" *(That means that the vaccinated children had 3 ½ times the rates of seizures than the non-vaccinated children)***

Children with that were diagnosed with epilepsy at an earlier age (mean age of 2.1 years), had more post immunization events than older children.

"In contrast, a study of 17 children with severe myoclonic epilepsy of infancy whose parents completed seizure diaries after MMR immunization reported an incidence rate ratio of parent-reported seizure of 2.3… in the 5–12 days after the first MMR dose versus the control periods of 0–4 days and 13– 42 days post-immunization. Children with severe myoclonic epilepsy of infancy are particularly susceptible to fever-induced seizure, which may explain the increased risk of seizures after MMR vaccine during the period when MMR-associated febrile seizures are observed."

**"In addition, in 16% to 21% of children with severe myoclonic epilepsy of infancy, their first seizure occurred after immunization**. Only 15 children central immunization registries for evaluating vaccine safety. Children with immunization events experienced more seizure events than those without immunization events or whose records were not available, which would be expected to lead to an overestimation of the risk of post-immunization seizure."

"**In addition, if parents were warned that seizures could occur after immunization, they may have been less likely to report post-immunization seizures. This could have led to an underestimation of the risk of post-immunization seizure.** The precision of the results was limited by the small sample size and there were no healthcare encounters during the risk period after a live vaccine, which precluded

determination of the relative risk. Nonetheless, we demonstrated that the upper limit of the attributable risk of seizure during the 0–14 day and 0–2 day risk intervals was only 1 seizure per 25 immunizations and 1 per 75 inactivated immunizations, respectively, with two-thirds of events being mild enough to be managed by telephone."

## Vaccine association with allergies and asthma

This article from the Journal ***Epidemiology*** published in 1997 and titled, **Is infant immunization a risk factor for childhood asthma or allergies?**, was one of the earlier studies to show the potential relationship between infant immunization with subsequent development of asthma and allergy. https://www.ncbi.nlm.nih.gov/pubmed/9345669

This study done in New Zealand evaluated 1,265 children up to the age of 16 who had been vaccinated as an infant with the diphtheria/pertussis/tetanus (DPT) shot. **As of age 10, of those immunized infants, 22% had gone for asthma consultations and 23% had experienced asthma episodes. Of those same vaccinated children, 30% of those had doctor consultations for other allergic illness. They compared those results to 23 non-immunized children. Of those 23 non-immunized children, none of them had experienced any asthma or allergy episodes, or had any doctor visits. Six years later, they did a follow-up and as of age 16 the results were essentially the same. To be sure that the results were not influenced by genetics or environment, factors such as ethnicity, socioeconomic status, parental allergies or asthma, parental smoking or pet ownership were taken into consideration. To put into real numbers, if the DPT shots were not the causative factor, one would expect that six of the 23 nonimmunized children would have developed asthma and seven of those 23 would have developed allergies. This is statistically significant and is a stark contrast between the two groups.**

**These authors propose and present evidence that immunizations can increase the immunoglobulin E (IgE) response, which enhances histamine release, increasing the incidence of allergy and asthma.**

While I don't have exact numbers to share, anecdotally in over 30 years of private practice my experience has been very similar. And, with colleagues of mine who were chiropractors and had seen much of the science indicating potential problems with vaccination, it was rare that any of their children were vaccinated and extremely rare that any of them had developed asthma, allergies, eczema or chronic otitis media (middle ear infections).

## Allergies more prevalent in young adults that were vaccinated for measles as a child, than unvaccinated individuals

A 1996 study published in the British medical journal ***Lancet*** titled, **Measles and atopy in Guinea-Bissau**, tested the hypothesis that natural measles infection protected against allergic sensitivity later in life. The results did confirm that hypothesis. Guinea-Bissau is in West Africa. Atopy is defined as the tendency to develop allergic diseases such as allergic rhinitis, asthma and atopic dermatitis (eczema).

Atopy is typically associated with heightened immune responses to common allergens, especially inhaled allergens and food allergens. https://www.ncbi.nlm.nih.gov/pubmed/?term=8667923

**From the study:**
"**17 (12.8 percent) of 133 participants who had had measles infection were atopic compared with 33 (25.6 percent) of 129 of those who had been vaccinated and not had measles** (odds ratio, adjusted for potential confounding variables…)." That is approximately a 200 percent greater incidence of atopy in the vaccinated group.

Interestingly…"Participants who had been breastfed for more than a year were less likely to have a positive skin test to housedust mite. **After adjustment for breastfeeding and other variables, measles infection was associated with a large reduction in the risk of skin-prick test positivity to housedust mite**…"

## Increased rates of vaccine doses correlate with epidemic of immune overload diseases in children

An article published in the ***Journal of Molecular Genetics*** in 2014, titled, **Review of Vaccine Induced Immune Overload and the Resulting Epidemics of Type 1 Diabetes and Metabolic Syndrome, Emphasis on Explaining the Recent Accelerations in the Risk of Prediabetes and other Immune Mediated Diseases** and authored by Barthelow Classen J, MD, provides convincing evidence of the link between the rise of immune mediated childhood disease corresponding with the increased number of vaccines in the immunization schedule. https://www.omicsonline.org/open-access/vaccine-induced-immune-overload-and-the-resulting-epidemics-of-type-diabetes-and-metabolic-syndrome-1747-0862.S1-025.php?aid=24058

**Abstract**
"**There has been an epidemic of inflammatory diseases that has paralleled the epidemic on iatrogenic immune stimulation with vaccines. Extensive evidence links vaccine induced immune over load with the epidemic of type 1 diabetes**. **More recent data indicates that obesity, type 2 diabetes and other components of metabolic syndrome are highly associated with immunization and may be manifestations of the negative feedback loop of the immune system reacting to the immune overload**. The epidemic of diabetes/prediabetes appears to be accelerating at a time when the prevalence of obesity has stabilized, indicating that the negative feedback system of the immune system has been over whelmed. The theory of vaccine induced immune overload can explain the key observations that have confounded many competing hypothesis. **The current paper reviews the evidence that vaccine induced immune overload explains the disconnect between the increase in prediabetes and nonalcoholic fatty liver at a time when the obesity epidemic is waning in children**."

"**Since 1999 the routine pediatric immunization schedule increased by 80 vaccines.** This number is derived by the fact that multivalent vaccines contain specific vaccines to each separate strain. The following have been added, pneumococcus (13 valent), meningococcus (4 valent), human papilloma

virus (4 valent), hepatitis A (1 valent), rotavirus (4 additional valent), influenza (3 valent per year x 18 years=54)."

"Twenty years ago it was predicted that a massive increase in immunization would result in a massive increase in people with chronic immune related diseases like type 1 diabetes, autoimmune diseases, and asthma. A massive increase in immunization has occurred. **In the United States for example since just 1999 children are scheduled to routinely receive over 80 additional vaccines over their childhood as explained below. The increase in immunization has been followed by a huge increase in inflammation associated disorders. Diseases like autism, type 1 diabetes, asthma, food allergies, many autoimmune diseases, obesity, type 2 diabetes, NASH and metabolic syndrome have increased many fold in children**. The rate of change of several closely followed diseases appear to be accelerating while others have decelerated. This paper describes how the theory of vaccine induced immune overload can explain many observations about the changes in the epidemics."

## Aluminum has toxic effects on the immune system

A 2013 study from the ***Journal of Environmental Toxicology and Pharmacology*** titled, **Impact of aluminum exposure on the immune system: a mini review**, implicates aluminum as a major toxicant affecting the immune system in many ways. https://www.ncbi.nlm.nih.gov/pubmed/?term=23274174

**From the Abstract:**
"Aluminum (Al) is widely used in daily life and will lead to environmental release and exposure. **The toxicity of Al had been documented, and which attracted a growing concern on human and animal health**. **The immune system appears to be sensitive to Al exposure**. But few studies focused on the potential immunological responses induced by Al. It is imperative to study the effects of Al on the immune function and **this review discusses the effects of Al on autoimmunity, oral tolerance, expression of the immune cells, hypersensitivity and erythrocyte immune function**. It will provide evidence to study the association between Al and immune function."

## The Vaccine / Alzheimer's Connection

### The possibility exists that the metals like aluminum and mercury migrating to and stored in the brain can lead to Alzheimer's Disease later in Life

In a 2011 article in the ***Journal of Molecular Neuroscience*** titled, **Unraveling the role of metal ions and low catalytic activity of cytochrome C oxidase in Alzheimer's disease**, scientists confirm the damage that metal ions can cause in the mitochondria of the brain and link this process to an increased potential for the development of Alzheimer's. https://www.ncbi.nlm.nih.gov/pubmed/?term=20725867

**From the article abstract:**

"Alzheimer's disease (AD) is a neurodegenerative disorder **characterized by high levels of aluminum** and certain other metal ions in the brain: The disease is **also characterized by low activity of brain cytochrome c oxidase (COX)…"** ***The Cytochrome C Oxidase enzyme is critical in the production of ATP for energy by the mitochondria and is essential for normal brain health and function.***

"The results suggest a sequence of events in vivo in which **oxygen radical damage to mitochondria and COX leads to low ATP production and excess heme establishing conditions thought to be ideal for neurodegeneration.**"

## Study of brains of Alzheimer's victims finds extremely high levels of aluminum

A 2017 study published in the ***Journal of Trace Elements in Medicine and Biology*** titled, **Aluminum in Brain Tissue in Familial Disease**, looked at the diseased brains people that suffered from Alzheimer's Disease. https://www.sciencedirect.com/science/article/pii/S0946672X16303777?via%3Dihub

**From the study:**
"The genetic predispositions which describe a diagnosis of familial Alzheimer's disease can be considered as cornerstones of the amyloid cascade hypothesis. Essentially they place the expression and metabolism of the amyloid precursor protein as the main tenet of disease aetiology. However, we do not know the cause of Alzheimer's disease and environmental factors may yet be shown to contribute towards its onset and progression. One such environmental factor is human exposure to aluminium and aluminium has been shown to be present in brain tissue in sporadic Alzheimer's disease. **We have made the first ever measurements of aluminium in brain tissue from 12 donors** diagnosed with familial Alzheimer's disease. **The concentrations of aluminium were extremely high, for example, there were values in excess of 10µg/g tissue dry wt. in 5 of the 12 individuals. Overall, the concentrations were higher than all previous measurements of brain aluminium except cases of known aluminium-induced encephalopathy.** We have supported our quantitative analyses using a novel method of aluminium-selective fluorescence microscopy to visualise aluminium in all lobes of every brain investigated. **The unique quantitative data and the stunning images of aluminium in familial Alzheimer's disease brain tissue raise the spectre of aluminium's role in this devastating disease**."

**Conclusions**:
"**Aluminium is neurotoxic and the concentrations of aluminium found in these familial AD brains are unlikely to be benign and indeed are highly likely to have contributed to both the onset and the aggressive nature of any ongoing AD in these individuals. These data lend support to the recent conclusion that brain aluminium will contribute towards all forms of AD under certain conditions**."

**This study did not mention vaccines, so what does this have to do with vaccines?** Heavy metals like aluminum, mercury and lead accumulate it tissue. All exposures over time must be considered. Many childhood vaccines contain aluminum. Many adult vaccines contain aluminum. These are environmental neurotoxins and can have devastating consequences, especially in people that are poor excretors or who have a genetic defect in biochemical processes that assist the body in purging toxins such as these.

## Current research implicates long term, low level aluminum exposure as one of the main causes of early brain aging and age-related neurological diseases

A 2014 study in the Journal ***Toxicology*** titled, **Prolonged exposure to low levels of aluminum leads to changes associated with brain aging and neurodegeneration**, correlated long term low level exposure of aluminum, which is what we are exposed to with vaccines to brain aging and neurodegeneration. Currently there are 26 vaccines marketed in the U.S. that contain aluminum. https://www.ncbi.nlm.nih.gov/pubmed/24189189

**From the article:**
"Epidemiological studies suggest that **aluminum may not be as innocuous as was previously thought and that aluminum may actively promote the onset and progression of Alzheimer's disease**. Epidemiological data is strengthened by experimental evidence of **aluminum exposure leading to excess inflammatory activity within the brain**. Such apparently irrelevant immune activity unprovoked by an exogenous infectious agent **characterizes the aging brain and is even more pronounced in several neurodegenerative diseases**. The causation of most of these age-related neurological disorders is not understood but since they are generally not genetic, one must assume that their development is underlain by unknown **environmental factors**. **There is an increasing and coherent body of evidence that implicates aluminum as being one such significant factor. Evidence is outlined supporting the concept of aluminum's involvement in hastening brain aging. This acceleration would then inevitably lead to increased incidence of specific age-related neurological diseases**."

## Brain cells exposed to aluminum trigger inflammation and changes in genes similar to those seen in Alzheimer's. Cells even expressed gene changes programing them for early cell death.

The ***Journal of Inorganic Biochemistry*** published an article titled, **Nanomolar aluminum induces pro-inflammatory and pro-apoptotic gene expression in human brain cells in primary culture.** In that article, researchers found that when brain cells were exposed to aluminum, it triggered gene expression in 87.5 percent of aluminum-induced genes to exhibit patterns similar to those observed in Alzheimer's Disease. https://www.ncbi.nlm.nih.gov/pubmed/?term=15961160

**From the article:**
"Aluminum, the most abundant neurotoxic metal in our biosphere, **has been implicated in the etiology of several neurodegenerative disorders including Alzheimer's disease (AD).** To further understand aluminum's influence on gene expression, we examined total messenger RNA levels in untransformed human neural cells exposed to 100 nanomolar aluminum sulfate using high density DNA microarrays that interrogate the expression of every human gene. Preliminary data indicate that of **the most altered gene expression levels, 17/24 (70.8%) of aluminum-affected genes, and 7/8 (87.5%) of aluminum-induced genes exhibit expression patterns similar to those observed in AD.** The seven genes found to be **significantly up-regulated by aluminum encode pro-inflammatory or pro-apoptotic *(= pro-cell***

***death, a process of programmed cell death)*** **signaling elements**, including NF-kappaB subunits, interleukin-1beta precursor, cytosolic phospholipase A2, cyclooxygenase-2, beta-amyloid precursor protein and DAXX, a regulatory protein known to induce apoptosis and repress transcription. The promoters of genes up-regulated by aluminum are enriched in binding sites for the stress-inducible transcription factors HIF-1 and NF-kappaB, suggesting a role for aluminum, HIF-1 and NF-kappaB in **driving atypical, pro-inflammatory and pro-apoptotic gene expression. The effect of aluminum on specific stress-related gene expression patterns in human brain cells clearly warrant further investigation.**"

## The Journal of Alzheimer's Disease confirms that damage to the mitochondria and dysfunction in the Cytochrome C Oxidase enzyme contributes to the development of Alzheimer's Disease

In a 2006 article published in the ***Journal of Alzheimer's Disease*** titled, **Dysfunction of mitochondria and oxidative stress in the pathogenesis of Alzheimer's disease: on defects in the cytochrome c oxidase complex and aldehyde detoxification**, researchers identified mechanisms within the mitochondrial energy production system that tie into the damage and dysfunction caused by metal ions in the brain as discussed in the previous article. These are just a small sample of an extensive number of scientific articles over the last fifteen years that support the concept of brain mitochondrial damage from toxins and metals as a precursor to neurodevelopmental and neurodegenerative disorders. This article also suggests that certain individuals may have a genetic predisposition to developing these mechanisms. This has been well established and **further supports the need to develop appropriate screening for infants before initiation of any vaccine protocols**.
https://www.ncbi.nlm.nih.gov/pubmed/16873963

**From the abstract:**
"The mitochondrion is an organelle that plays a central role in energy production. It, at the same time, generates reactive oxygen species as by-products."

"Since amyloid beta peptide has been recently shown to be present in neuronal mitochondria to decline energy production and enhance ROS production, it has become possible to link AD more closely with roles of mitochondria in the pathogenesis *(cause)*."

## A recent article in Molecular Neurobiology underscores the emerging role of mitochondrial dysfunction in the development of Alzheimer's Disease

A 2016 article published in ***Molecular Neurobiology*** titled, **Mechanisms of Mitochondrial Dysfunction in Alzheimer's Disease**, confirms that mitochondrial dysfunction is a hot topic in the research into the cause of Alzheimer's Disease. https://www.ncbi.nlm.nih.gov/pubmed/26537901

**From the abstract:**

"Mitochondria are the primary source for energy generation in the cell, which manifests itself in the form of the adenosine triphosphate (ATP)."

"In this review, we describe mainly the bioenergetic properties of mitochondria, such as those found in the ETC that may be altered in Alzheimer's disease (AD). Increasing evidence points to several mitochondrial functions that are affected in AD. Furthermore, it is becoming apparent that mitochondria are a potential target for treatment in early-stage AD. With growing interest in the mitochondria as a target for AD, it has been hypothesized that deficit in this organelle may be at the heart of the progression of AD itself. **The role of mitochondria in AD may be significant and is emerging as a main area of AD research.**"

## Special new technology measures the highest levels of aluminum ever in Alzheimer's diseased brains, strongly linking this heavy metal to the disease

A 2017 study published in the ***Journal of Trace Elements in Medicine*** and Biology titled, **Aluminium in brain tissue in familial Alzheimer's disease**, used a special aluminum-selective fluorescence microscopy to clearly visualize the levels of aluminum in all areas of the brain.
https://www.sciencedirect.com/science/article/pii/S0946672X16303777?via%3Dihub

**From the Abstract:**
"We have made the first ever measurements of aluminium in brain tissue from 12 donors diagnosed with familial Alzheimer's disease. **The concentrations of aluminium were extremely high**, for example, there were values in excess of 10 µg/g tissue dry wt. in 5 of the 12 individuals. Overall, the concentrations were **higher than all previous measurements of brain aluminium** except cases of known aluminium-induced encephalopathy. We have supported our quantitative analyses using a novel method of aluminium-selective fluorescence microscopy to visualise aluminium in all lobes of every brain investigated. **The unique quantitative data and the stunning images of aluminium in familial Alzheimer's disease brain tissue raise the spectre of aluminium's role in this devastating disease**."

**Conclusion:**
"**Aluminium is neurotoxic and the concentrations of aluminium found in these familial AD brains are unlikely to be benign and indeed are highly likely to have contributed to both the onset and the aggressive nature of any ongoing AD in these individuals. These data lend support to the recent conclusion that brain aluminium will contribute towards all forms of AD under certain conditions."**

## A subset of autistic persons have mitochondrial disorders and display a different set of symptoms and disabilities than typical autistic individuals

This 2008 study published with ***PLOS ONE*** of 25 children with autism and suspected mitochondrial disorders found that people with mitochondrial disorders have additional symptom complexes that

differentiate them from "typical" autistic individuals, which is often referred to as idiopathic *(of unknown cause)* autism. **Mitochondrial Disease in Autism Spectrum Disorder Patients: A Cohort Analysis** http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0003815

**From the study:** "Our results indicate diverse and complex developmental, neurological, and medical phenotypes of persons with mitochondrial autism, nearly all of which differ from those of patients with idiopathic ASD."

The study listed other organ system dysfunctions such as cardiac, hematological, growth retardation, fatigability as manifestations of mitochondrial disease "that are not typical co-morbidities of primary autism."

## This article may provide an answer to the previous question that genes and epigenetic expression is influenced by environmental insults

An article published in 2016 in the ***Journal Autoimmunity*** titled, **Risk factors in autism: Thinking outside the brain** emphasizes environmental toxicity and immunological insults as major risk factors for Autism Spectrum Disorder (ASD). Certainly, ample research shows that vaccines can trigger these effects during critical developmental periods.

**From the article: "ASD are influenced by a variety of genetic, environmental, and possibly immunological factors that act during critical periods to alter key developmental processes**. This can affect multiple systems and manifests as the social and behavioral deficits that define these disorders. The interaction of environmental exposures in the context of an individual's genetic susceptibilities manifests differently in each case, leading to heterogeneous phenotypes and varied comorbid symptoms within the disorder."

# Chronic diseases produce demand for many other medications- The vicious cycle

## The evidence of a connection between vaccines and autoimmune disease is strong and growing, so how are the vaccine makers responding to that? They are making new vaccines against autoimmune diseases!

A 2018 study published in the journal ***Vaccine*** titled, **Recent advances in the development of vaccines for chronic inflammatory autoimmune diseases**, touts the development of vaccines to address the rising prevalence of inflammatory autoimmune diseases.
https://www.ncbi.nlm.nih.gov/pubmed/?term=29706295

This study exemplifies the mindset of big pharma. Treat symptoms > other symptoms…treat those symptoms > other symptoms…and around and around you go! If vaccines are at least in part responsible for the rising prevalence of autoimmune disease, how is creating more vaccines to treat the autoimmune diseases going to solve the problem. **Let's fix the problem with the same approach that caused the problem in the first place. Sounds like a perfect case of circular reasoning to me.**

## Vaccines like other medications, create a huge demand for other medications and medical care…at a very high cost!

**Isn't that just like pharma? Rather than accepting responsibility for the contribution of a product to an epidemic of autoimmune diseases, they see it as opportunity for an additional market share. The same thing occurs in other drug categories. Statins (cholesterol drugs) are a good example of that. One of the more common side effects of statins is erectile dysfunction or E.D. Of course, drug companies have a solution for that. E.D. drugs. Another is Non-steroidal anti-inflammatories like aspirin, ibuprofen (i.e. Motrin and Advil), celecoxib (i.e. Celebrex), to name just three of the most popular ones. These drugs commonly cause stomach pain, heartburn and ulcers. Well, we have a drug for that! It's called acid blocking medications. The three main types are antacids (i.e. Tums, Pepto Bismol, Mylanta, Rolaids), H2 blockers or antagonists (i.e. Zantac, Tagamet HB and Pepcid AC) and proton pump inhibitors (PPIs) like Prevacid, Nexium, Prilosec and Protonix). The list of choices is truly dizzying! These "acid blocking" drugs then interfere with proper digestion, leading to lower bowel (colon) problems dysbiosis, lowered immune competency, overgrowth of pathogenic micro-organisms, inflammatory bowel, poor digestion and assimilation and sluggish elimination (constipation). Oh, but we have a med for that! The downward spiral just keeps spiraling deeper and deeper. NSAIDS can also cause headaches, (got some meds for that), high blood pressure (got some meds for that), and more serious problems like liver and kidney damage (even have some for that). Then the high blood pressure drugs have common side effects like Cough, Diarrhea or constipation, erectile dysfunction, anxiety, tiredness and fatigue, dizziness, headache and nausea. BUT, we have meds for all of those! Can you see a pattern here? It is a vicious cycle. All the while, Big Pharma hears a steady sound…cha ching!!!**

**This is a real problem. As reported in 2015, in the Huffington Post**, "**Those aged 65 to 69 take an average of 15 prescriptions per year, while those from 80 to 84 take an average of 18, according to the American Association of Consultant Pharmacists**." Apparently, the practice begins early. The report says that on average, **45-year olds take 4 prescription drugs every day!** And this practice has a high price tag. The report cites the economic impact of medication related problems to cost **$177.4 BILLION** per year, **rivaling the costs of Alzheimer's, cancer, diabetes and heart disease**.
https://www.huffingtonpost.com/ann-brenoff/elderly-taking-too-many-pills_b_7079060.html

## Polypharmacy is a dangerous and even deadly practice

This is called polypharmacy and it is killing thousands of Americans annually. According to FDA statistics 1.3 million people are injured annually due to medication error.
https://www.medicinenet.com/drugs_the_most_common_medication_errors/views.htm

## Injuries and deaths due to medication errors is out of control

According to a 2016 article published in the ***Journal of Community Hospital Internal Medicine Perspectives,*** titled **The alarming reality of medication error: a patient case and review of Pennsylvania and National data,** there is a dangerous and costly number of medication errors annually in the U.S.
https://www.ncbi.nlm.nih.gov/pubmed/?term=27609720

**From the Abstract:**
"Errors occurred at multiple care levels, including prescribing, initial pharmacy dispensation, hospitalization, and subsequent outpatient follow-up. This exemplifies the *Swiss Cheese Model* of how errors can occur within a system. **Adverse drug events (ADEs) account for more than 3.5 million physician office visits and 1 million emergency department visits each year. It is believed that preventable medication errors impact more than 7 million patients and cost almost $21 billion annually across all care settings**. About 30% of hospitalized patients have at least one discrepancy on discharge medication reconciliation. **Medication errors and ADEs are an underreported burden that adversely affects patients, providers, and the economy**."

## What can be done if anything, to prevent damage from heavy metals like aluminum and mercury?

### DHA can help prevent aluminum induced neurological damage

***The Annals of Neurosciences*** Journal January 2014, published an article titled **Docosahexaenoic acid ameliorates aluminum induced biochemical and morphological alteration in rat cerebellum**.
https://www.ncbi.nlm.nih.gov/pubmed/?term=25206046

**The article states:**
"It is suggestive that loss of brain and cerebellum indicates that Aluminum induces **neurotoxicity** and it may be due to loss of lipid, protein and other biomolecules. **Several neurological manifestations have already been attributed to Aluminum administration in humans, including memory loss, tremors, jerky movements, loss of curiosity, ataxia, myoclonic jerk and convulsion**".

**Interestingly, DHA, which is a component of fish oil prevented a good percentage of the damage caused by the aluminum**.

In addition to the preventative effects of DHA, there are various way to "chelate" these metals from the tissues and excrete them from the body. **Two such ways are oral and intravenous chelation**. Seek a medical practitioner specializing in this therapy to determine if you are a candidate. I have had very good success in helping patients through an oral chelation process for heavy metal toxicity in my career.

**Beneficial approaches include:**

**- Intravenous chelation**

**-Oral chelation and detoxification**

- Chlorophyll supplements, including algae products which are high in chlorophyll
- Increasing glutathione production in the body. Glutathione is considered the "Master Antioxidant" and especially effective in countering oxygen free radicals produced in response to heavy metal exposure. Oral glutathione supplementation is considered only mildly effective as the glutathione can be degraded in the G.I. tract, thus results are poor. Supplementing with pure undenatured whey protein, N-Acetyl Cysteine (NAC), Vitamin C and magnesium has been shown to be effective in providing the "building blocks" for the body to produce glutathione. Liposomal delivery is another method that some believe to be better absorbed and assimilated than orally. Another method, although more inconvenient, invasive and requiring more expense, is intravenous administration.
- Various nutritional formulas containing zinc, andrographis, turmeric (Curcumin), hops, Lipoic acid, multi-mineral complex, selenium, folic acid, B-Complex, and vitamin E. Flavonoids such as catechins and epigallocatechin gallate found in green tea have also been shown to offer neuroprotection.

**-Far infrared saunas –** Saunas have been used for decades in many cultures as a way to sweat out toxins. The far infrared saunas have heaters that emit an infrared energy which stimulates release of cellular toxins, which allows for a very effective result without the need for very high heat or longer sessions.

# BIAS, CONFLICTS OF INTEREST AND SCIENTIFIC DECEPTION

Before I launch into this, I would like to make a couple very important points. Throughout this document and particularly during this section, I will be identifying certain people as we discuss bias, ethics and integrity. I'm not saying that they are bad people with malicious intent. I'm not saying that in their own heart of hearts, they don't think they're doing the right thing for children and humanity. There are many good people that believe something based on their education or their life or work experiences, but in the end their beliefs either don't hold up to scrutiny, or new information comes to light that proves their

beliefs wrong. Is it possible that they don't know that all of the science I'm presenting in this document exists? I believe there's a possibility, but not much probability. A true scientist or researcher has an inquisitive mind. They should always be looking at alternative concepts and testing them against what they currently know. Another consideration is financial interests or gain. When a person has a financial interest in something, often times opposing viewpoints or opinions become clouded. Then there is the aspect of when you adamantly proclaim or deny something for so long that you own it, it's very difficult to consider that what you have held as gospel could possibly be wrong, especially when you have put your beliefs in writing for the world to see. Pride even factors in here. At any rate, keep all of that in mind as we move ahead.

# Conflicts of interest and unethical deception in the vaccine industry

## This first example is like a shell game. One thing is cited and implied to relate to another, yet it's completely different, like comparing apples to oranges

### Oral absorption rates of aluminum are compared to vaccines (which are injected)

http://europepmc.org/abstract/med/8261684 This article verifies that oral absorption of aluminum is low. It is titled, **Gastrointestinal absorption of aluminum in rats using 26Al and accelerator mass spectrometry**, and was published in the Journal ***Clinical Nephrology.***

**From the article:**
"**Our data shows that under physiological conditions, namely at normal levels of dietary intake, intestinal aluminum absorption is approximately 0.04%**."

**This is yet another example of exposing how deceptive some researchers can be, when they compare studies of aluminum exposure orally and claim that aluminum doesn't accumulate in the brain and tissues at certain levels of exposure**. **Vaccines are injected directly into the body and are absorbed at 100%. That is approximately 250 times greater absorption that orally. It's a real case of smoke and mirrors in an effort to hide the facts.**

**Now keep that in mind as you read this….**

### Conflicts of interest and weak arguments

Let's look at a study published by the FDA that stated that the amount of aluminum children receive from vaccines is not of concern. The 2011 study was published in the Journal ***Vaccine*** and titled, **Updated aluminum pharmacokinetics following infant exposures through diet and vaccination.** https://www.ncbi.nlm.nih.gov/pubmed/?term=22001122 This study is often held up as one of those few cherry-picked studies regularly marched out there that "prove" vaccines are safe.

**Let's dissect this study to check for conflicts of interest and flaws as we have just described.**

**Author Information published with the study:**
The lead author is Robert J. Mitkus. Office of Biostatistics and Epidemiology, USFDA Center for Biologics Evaluation and Research, 1401 Rockville Pike, HFM-210, Rockville, MD 20852, United States. Robert.Mitkus@fda.hhs.gov

**Three of Dr. Mitkus' articles he has authored between 2011 and 2014, have minimized the effects of mercury, aluminum and formaldehyde in children from vaccines**. In looking at Dr. Mitkus work history, it is interesting to note that **since 2014 he has been working for BASF, the World's largest chemical manufacturer.** BASF had $78.7 billion in sales I the U.S. in 2014. To put things into perspective, Dow Chemical only had $58.2 billion in sales. **Interestingly, BASF produces aluminum, mercury and formaldehyde, the same ingredients found in many vaccines.**

So, think about the conflict of interest. In addition to his position at the FDA, Dr. Mitkus also works for BASF. Dr. Mitkus was an attendee at the ***Society of Toxicology's (S.O.T.) Annual Meeting*** in San Antonio TX., March 11-15, 2018 and listed his employer as BASF. To confirm, see page 257 of the attendees list at the link below. The Society's disclaimer at the bottom of each page states the following: **"The attendee information provided in this PDF is supplied directly to S.O.T. by the attendee. The content has not been edited by The Society." So, Dr. Mitkus listing his connection to BASF was on his own accord.** https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=9&ved=2ahUKEwjG6eGowqfeAhUEE3wKHU3oCKoQFjAIegQIAxAC&url=http%3A%2F%2Ftoxicology.org%2Fapplication%2FSOTAttendeeListExport%2F&usg=AOvVaw1YqmDipvd7mbeeGBMI7A9r

An additional review of the ***2017 S.O.T. Annual Meeting*** Attendees list (page 285), also has Dr. Mitkus listing BASF as his employer.

## Several study flaws exposed

1. Despite all of that, since they relied on a paper called **The Toxicological Profile for Aluminum** as their factual source, I thought that it would be interesting to see what else that document has to say. It is published by the ***U.S. Department of Health and Human Services***; ***Agency for Toxic Substances and Disease Registry.*** **As you read this, remember that It is one of the references the authors of this article hold out to be an authoritative source for their information**. https://www.atsdr.cdc.gov/toxprofiles/tp22.pdf

   **Here are some excerpts from that H.H.S. document that don't bode too well for the conclusions of this FDA backed study:**

a. "There are **critical periods** of structural and functional development during both **prenatal and postnatal life, and a particular structure or function will be most sensitive to disruption during its critical period(s).** **Damage may not be evident until a later stage of development**. **There are often differences in pharmacokinetics and metabolism between children and adults**. For example, absorption may be different in neonates because of the immaturity of their gastrointestinal tract and their larger skin surface area in proportion to body weight."

b. "The infant also has an **immature blood-brain barrier** and probably an immature blood-testis barrier."

c. "**Children are not small adults**. They differ from adults in their exposures and may differ in their susceptibility to hazardous chemicals. **Children's unique physiology and behavior can influence the extent of their exposure**."

d. "**Children and adults may differ in their capacity to repair damage from chemical insults.** Children also have a longer remaining lifetime in which to express damage from chemicals; this potential is particularly relevant to cancer."

e. "**Another subpopulation of children that may be particularly sensitive to the toxicity of aluminum is preterm infants**. The observed elevated plasma aluminum levels may be due to the higher aluminum content of premature infant formula and/or limited renal capacity of preterm infants to excrete aluminum."

f. "**Fetal exposure may result in a higher distribution of aluminum to the brain, as compared to adults**. In the **fetuses of rats** receiving a single subcutaneous injection of aluminum on gestation day 5, **the amount of the radiolabeled aluminum in the brain was 30% higher than in the liver**; **in the dams, brain aluminum levels were only 1% of the levels found in the liver**."

g. "**Aluminum is distributed transplacentally *(across the placenta to the fetus)*,** and elevated levels of aluminum have been measured in the fetus and placenta following oral, dermal, or parenteral exposure to aluminum. There is also evidence that oral or parenteral exposure to aluminum can result in elevated levels in breast milk."

h. "The most sensitive known effect following oral exposure to aluminum is **neurotoxicity**."

i. In a pamphlet put out by the same ***Agency for Toxic Substances and disease Registry*** (the publisher for their reference), called ***The ToxGuide for Aluminum***, **the health effects of aluminum exposure are as follows: "The most sensitive target of aluminum toxicity is the nervous system. Impaired performance on neurobehavioral tests of motor function, sensory function, and cognitive function have been observed in animals. Neurobehavioral alterations have been observed following exposure of adult**

**or weanling animals and in animals exposed during gestation and/or lactation."**
https://www.atsdr.cdc.gov/toxguides/toxguide-22.pdf

2. When they reference the "**body burdens**" and **Minimal Risk Levels (MRLs), they used a single animal study which cited information about the amount of aluminum mice could tolerate, which had been disproven both before and after this study by studies showing much lower levels of tolerance**.

3. **They are comparing a study that used ONE ADULT and tried to extrapolate that to an infant**. Their methodology just doesn't make sense. **Infants, young children and especially preemies have much slower clearance of toxins including aluminum, because their kidneys are not yet functioning nearly as efficiently as with an adult. Therefore, the aluminum stays in their body much longer allowing it to be absorbed into organs, glands and tissues.**

4. **They attempt to compare oral loads of aluminum in food and felt it appropriate to compare it to the amount of aluminum injected into the bodies of infants and young children.** That just doesn't fly for many reasons. As we have mentioned previously, **studies confirm that only 0.04% to 1.5% of orally ingested aluminum is absorbed into the blood stream. When a needle is put into a child's body and the aluminum is injected directly, it is 100% absorbed into their body**.

5. Not only that, but if you recall the two articles I presented earlier that were published in 1996, in the ***Journal Pediatrics*** and in 1997, in the ***New England Journal of Medicine*** which discussed intravenous feeding solutions and that **children receiving less that the amounts from vaccines had delayed mental test scores**. **And as mentioned previously, according to the CDC's schedule as of 2009 and the product inserts from those vaccines, the average child was receiving nearly 5,000 mcg (or 5 mg) of aluminum by 18 months of age. Yet, the FDA says that anything over 850 mcg (.85 mg), of aluminum can be dangerous. Yes, that's the same FDA that published this study! Do the math yourself. The average child receives approximately 600% more aluminum from vaccines by 18 months alone than the FDA deems safe. Isn't it strange that the FDA publishes data showing the extreme dangers of intravenous aluminum in infants caused by 1/6th of the aluminum found in vaccines by 18 months of age?** How about the FDA's poor short-term memory? Fourteen years later in this study, they "endorse" completely contradictory findings when this study is associated with a vaccine rather than I.V. feeding solutions.

An article published on www.InfoWars.com January 10, 2018 and written by ***J.B. Handley*** covers the flaws and incorrect conclusions of this study very well. The article is titled, **Lone FDA Scientist Could End Autism Epidemic.**

**The beginning of the article states the following:** "Dr. Robert J. Mitkus — author of the misleading aluminum safety study from 2011 — could change the autism debate forever by telling the truth."
https://www.infowars.com/lone-fda-scientist-could-end-autism-epidemic/

The article highlights a study released online on December 27th, 2017 and published in the ***Journal of Inorganic Chemistry*** titled, **Critical analysis of reference studies on the toxicokinetics of aluminum-based adjuvants. This study is highly critical of the Mitkus study and two others for their study flaws.** https://www.sciencedirect.com/science/article/pii/S0162013417303380

**From the study:**
"Mitkus et al. (Vaccine, 2011) **only considered solubilized Al, with erroneous calculations of absorption duration. Systemic Al particle diffusion and neuro-inflammatory potential were omitted. The MRL they used was both inappropriate (oral Al vs. injected adjuvant) and still too high (1 mg/kg/d) regarding recent animal studies. Both paucity and serious weaknesses of reference studies strongly suggest that novel experimental studies of Al adjuvants toxicokinetics should be performed on the long-term, including both neonatal and adult exposures, to ensure their safety and restore population confidence in Al-containing vaccines**."

The article includes videos of interviews of two of the study's authors, Dr. Chris Exley and Dr. Romain Gherardi. **Dr. Exley explains about a study he was involved with in which high levels of aluminum were found in the brains of deceased autistic children. He said that it was far higher than non-autistic individuals and similar to brains of Alzheimer's victims**. Where do you think the aluminum came from? Vaccines are the only plausible explanation. It is the only environmental exposure that all of the autistic children had in common.

**More from the InfoWars article:**
"Dr. Mitkus' published study, "**Updated aluminum pharmacokinetics following infant exposures through diet and vaccination**" **from 2011 is the Gold standard and the primary document the FDA relies upon to declare injected aluminum safe for use in infants. It is, quite literally, the SOLE defense the FDA and CDC cite for any concerns raised about injected aluminum**.
https://www.ncbi.nlm.nih.gov/pubmed/22001122

In fact, Dr. Mitkus' study was in part a response to safety concerns about aluminum, as he writes in the Abstract of his study:"

"Because concerns have been expressed by the public that aluminum in vaccines may pose a risk to infants, we developed an up-to-date analysis of the safety of aluminum adjuvants."

**"As you can guess, Dr. Mitkus' paper gave aluminum the "all clear" sign."**

"…for infants, our study demonstrates that there is little risk for aluminum toxicity following immunizations administered according to ACIP recommendations even with maximal exposures to aluminum adjuvant. For the general population of infants, who receive less than the maximal dose, the risk is even lower."

**"To the layperson, this study would probably be reassuring. To scientists who are closely studying the issue of injected aluminum adjuvant, and particularly to scientists who are doing their own biological studies of aluminum adjuvant, Dr. Mitkus' study is somewhere between a professional disgrace and a fraudulent disaster, but I'll let them explain."**

**It then goes on to describe what scientists from all over the world are saying about aluminum in vaccines and how they have confirmed the mechanism for the way it is transported and deposited into the brain. These scientists completely debunk the junk science presented in the article.**

## Further evidence of ignorance as to the high degree of susceptibility of the immature brain and nervous system to toxic aluminum

A footnote to the **ToxGuide for Aluminum** published by the ***Agency for Toxic Substances and Disease Registry*** which I mentioned above, in the section titled Children's Health states the following:

- Children who are exposed to high levels of aluminum exhibit symptoms similar to those seen in adults, including neurological effects and skeletal effects.
- We do not know if children are more susceptible than adults to aluminum toxicity.

**What? They need to do their homework. In a few pages, you will learn about the immature Blood Brain Barrier (BBB), and the vulnerability that presents for fetuses, infants and young children. This anatomical immaturity of the brain's blood vessels has been known since the 1880's and become more understood in the early 1900's. It has been taught to every medical doctor as referenced in *Guyton's Physiology*, THE physiology textbook used in virtually every medical school. This has been no secret!**

## Vaccine research uses aluminum as the "placebo" in research to skew the results in their favor- What? Really?

In an article published in the ***Journal of Immunologic Research***, 2017 titled, **Behavioral abnormalities in female mice following administration of aluminum adjuvants and the human papillomavirus (HPV) vaccine Gardasil**, a shocking admission is made.

"Vaccine adjuvants and vaccines may induce autoimmune and inflammatory manifestations in susceptible individuals. **To date most human vaccine trials utilize aluminum (Al) adjuvants as placebos despite much evidence showing that Al in vaccine-relevant exposures can be toxic to humans and animals.**"

That statement about drug companies using aluminum adjuvants as placebos in vaccine studies, flies in the face of intellectual honesty. **A placebo is something that should be innocuous, meaning it should contain nothing that would illicit a response in the individual**. Pure saline solution for example, would make a great placebo. The reason is that using aluminum as a placebo will give erroneous results is that a much larger percentage of that group will experience an adverse response than if they used a true placebo like saline. Therefore, when they compare the vaccine group which contains aluminum with the "placebo" group which also contains aluminum, there will be very little difference in the percent who experience adverse reactions. Therefore, they can then say that the group getting the vaccine did not have a significantly higher number of adverse reaction than the placebo. In other words, if saline were

used as the placebo, there would be a very significant difference between the vaccine group and the placebo group. But since that wouldn't be good for business, they just "cook the books".

## A major review is underway, looking at the studies behind the use of aluminum vaccine adjuvants, finding bias and methodology flaws like using aluminum as the placebo

In 2018, the principals for the ***Cochrane Database of Systematic Reviews*** a world-renowned research review organization, published an outline describing a review of the safety and effectiveness of aluminum adjuvants in vaccines that they are going to publish. About the Cochrane Review, (according to their web description), "***The* Cochrane Database of Systematic Reviews *(CDSR)*** is the leading resource for *systematic reviews* in health care. Editorials aim to stimulate discussion and ideas around the development of evidence synthesis to promote good decision-making in clinical care and health policy."

The review will be titled, **Aluminium adjuvants used in vaccines versus placebo or no intervention**
http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD012805/epdf

**From the description of the coming review:**

**"Why it is important to do this review**
One previous attempt to assess the potential toxic effects of aluminium adjuvant with a systematic review was undertaken in 2004 by Jefferson and colleagues (Jefferson 2004). The systematic review covered existing evidence of adverse events after exposure to the aluminium-containing DTP vaccine, but it did not assess benefits (Jefferson 2004). **The authors included three randomised trials, four semi-randomised trials, and one cohort study, and they were unable to demonstrate that aluminium adjuvant was responsible for any serious or long-lasting adverse events** (Jefferson 2004). **The authors advised the ending of future research despite concluding that their finding was based on poor-quality evidence** (Jefferson 2004)."

"More than 10 years has passed since the systematic review by Jefferson and colleagues, **new adjuvants are being introduced continuously, and FDA and WHO do not require genotoxicity or cardiotoxicity studies of new aluminium adjuvants** (WHO2014a; FDA 2015). **Lately, symptoms following HPV vaccination have been suspected of being caused by the addition of aluminium adjuvant** (Tomljenovic 2011; Lee 2012; Poddighe 2014; Brinth 2015a; Gruber 2015; Martinez-Lavin 2015). **A recent animal study by Inbar and colleagues managed to spark further controversy by demonstrating behavioral abnormalities in mice administered the aluminium-containing HPV vaccine Gardasil** (Inbar 2016a). **Compared to previous animal studies on HPV vaccines, the authors included two control groups: one where mice were administered aluminium adjuvant alone and another with placebo without adjuvant** (Inbar 2016a). **Inbar and colleagues concluded that Gardasil via both its aluminium adjuvant and HPV antigens can trigger neuro-inflammation and autoimmune reactions, leading to behavioural changes in mice** (Inbar 2016a). Upon submission to a peer-reviewed journal, the paper was accepted with revisions, and published. However, it was soon withdrawn by the editor (Inbar 2016), only to be

published in a competing journal shortly thereafter (Inbar 2016a). The initial withdrawal was allegedly due to "unsound scientific results"; an assertion which was not supported by the final publisher."

"The theory that aluminium adjuvant is responsible for symptoms following HPV vaccination is impossible to refute or prove based on the current data. **Aluminium adjuvant has been administered to both experimental and control group in the vast majority of randomized clinical trials on HPV vaccines, thus masking its potentially harmful effects** (Exley 2011**). Clinical trials designed to administer vaccine adjuvants to the experimental group as well as the placebo group do, *de facto,* not compare an intervention against a true placebo, and therefore, do not adequately assess safety** (Exley 2011). **Indeed, aluminium adjuvants, new or old, should be evaluated for benefits and harms on their own merits."**

"Aluminium is the most frequently used adjuvant, introduced in vaccination programmes worldwide (Tritto 2009). While the consequences of adding aluminium to vaccines have been discussed broadly, **no systematic review has been conducted to assess the effects of aluminium adjuvants across vaccines**. The effects of aluminium adjuvants remain to be properly assessed using Cochrane methodology to determine whether they are beneficial, or causally linked to the numerous adverse events reported following immunisation."

**"In animal and human studies, it has been shown to act as a powerful neurological toxicant and provoke toxic effects in foetuses and embryos if exposed during pregnancy (Reinke 2003). This is supported by recent data indicating that aluminium is able to cross the blood brain barrier by directly affecting the cerebral blood vessels** (Chen 2008; Sharma 2010)."

The ***Cochrane Review*** allows feedback on their proposed study. At the end of this paper there is an excellent exchange of feedback asking whether this review will include certain very important considerations. In the interest of space considerations, I will summarize the points that were made. Should you want to read the entire comments as they are excellent, you may click on the link to the paper above and scroll down to pages 18-26.

**Questions asked:**

- Will this review investigate/consider the impact of the unnaturally high antibodies induced by HPV vaccination? The antibody titers following HPV vaccine administration are 80-100 times that of a natural infection. Is that safe?

- The maker of Cervarix HPV vaccine stated that one dose-maintained titers for up to 48 months, yet 3- 4 doses are recommended. It appears that the titers of HPV have not been measured after each of the four doses. Why not? What if 3 or 4 doses are not necessary?

- Do repeat doses increase the risk of a vaccine reaction?

- Admittedly, the mechanism of how these ultra-high antibody responses impact the body and the potential for adverse reactions is poorly understood. How then, were these HPV vaccines fast-tracked to production and delivered to millions of girls worldwide?

- As vaccine package inserts state, vaccines are not tested for mutagenicity and carcinogenicity

- The autoimmune risks have not been tracked

- How does cow's milk contaminated vaccines affect infants and young children that have not been exposed to cow's milk?

- The question of the "ethics" of using a true saline placebo is brought up

## Other serious questions raised about the validity of the 2004 Jefferson study

In an article posted by Vinu Arumugham on ResearchGate.net titled, **Safety studies of aluminum in vaccines lack immunotoxicity analysis of this immunological adjuvant: Ignorance or deception?**, he points out some glaring flaws and omissions from the 2004 study that so many vaccine advocates love to cite.

https://www.researchgate.net/publication/325393007_Safety_studies_of_aluminum_in_vaccines_lack_immunotoxicity_analysis_of_this_immunological_adjuvant_Ignorance_or_deception

"Jefferson et al. reviewed eight studies (listed in Table 2 of Jefferson et al.) on the effect of aluminum adjuvants. Any vaccine will need about 3-4 weeks to take effect. That's how long it takes for the immune system to develop the appropriate immune response and antibodies. For this reason, vaccine effectiveness investigators wait at least one-month post vaccination to assess effectiveness."

"**Aluminum compounds are of course an immunological adjuvant in vaccines. So their immunological effect (positive or negative) can only be assessed, if the follow-up period is greater than 4 weeks. Only two out of eight studies in Jefferson et al. had a follow up period of >4 weeks. So rest of the studies they included were useless to assess immunological safety of aluminum adjuvants.** Even those two studies ignored immune disorders such as allergies, asthma, autism or autoimmunity. As previously described, all these immune disorders can be initiated by IgE mediated allergy or the Th2 response, which aluminum adjuvants are known to produce. So not only were the original studies flawed, Jefferson et al. made the mistake of including these flawed studies in their analysis."

## The "excuse" that it is unethical to use a true placebo like saline is a bogus argument

Vaccine proponents argue that the reason they put aluminum in the placebo during clinical trials is that it would be unethical to deny the control group children the real vaccine. First of all, if the drug companies were willing to put their money where their mouth is, and do a true scientific study using a

bonafide placebo, **there would be hundreds if not thousands of parents who would volunteer their children to take the saline shot**. **The truth is that, parents who question the safety and efficacy of vaccine have been urging that this be done for many years! Parents of non-vaccinated children would love to challenge the false narrative of big pharma.**

The reality is that the drug companies and their biased researchers know, that **using aluminum in the control group as their placebo simply masks and difference in the rates of adverse reactions**. **It's pseudo-science. It's a sham.**

The other fallacy in the clinical trials as mentioned in this document is the short length of time that children are followed after administration of their vaccines. See more on this on the previous page,page 380-381, 383-384, 557-558 and 602. Couple a true placebo and tracking the children for 10-15 years and I guarantee you will see a shocking difference in the rates of neurological, behavioral, immunological and other chronic and debilitating disorders between the vaccinated versus unvaccinated groups. A good snapshot of what you would see can be found on page 655-659.

## The International Journal of Vaccines and Vaccination calls out the unethical and deceptive practice of using aluminum in the "placebo" groups

This 2017 article previously discussed titled, **Short Review of Aluminum Hydroxide Related Lesions in Preclinical Studies and their Relevance**, makes it clear that the way the vaccine makers shield their adverse reactions by using aluminum in the placebo groups need to stop.
https://pdfs.semanticscholar.org/2018/02108484552f4bf614e80fbf5d029e3576c2.pdf

"An aluminum-containing placebo is often used while evaluating safety and efficacy of vaccine clinical trials, either containing equal or greater amount of aluminum as to the test vaccine. Without exception, **these trials shown a comparable rate of adverse reactions between the placebo and the test group. According to the FDA, a placebo is "an inactive pill, liquid, or powder that has no treatment value". The established neurotoxic properties of aluminum therefore suggest that aluminum-containing formulations cannot serve as a valid placebo.**"

## World Health Organization documentation questions the practice of using other vaccines or non-inert placebos, saying it may be impossible to determine the safety of the vaccine

The ***World Health Organization's*** 2013 Report titled, **Expert Consultation on the Use of Placebos in Vaccine Trials**, sheds some light on the practice of using vaccines and components of vaccines as placebos rather than inert substances like saline, which is the standard for placebos.

**"In place of a placebo, a vaccine against a disease that is not the focus of the trial is given to participants who do not receive the trial vaccine. Typically the control vaccine is a licensed vaccine for which efficacy has been demonstrated and the safety profile is well characterized. The motivation for**

**using active rather than inert "placebos" is to fulfil the ethical duty of beneficence and, sometimes, to avoid giving an injection with an inert substance. A methodological disadvantage, however, is that trials using these types of placebos provide a less perfect control. It may be difficult or impossible to assess fully the safety and reactogenicity of the trial vaccine…"**

**"Add-on vaccine"**
"In this design, the trial vaccine or placebo product is **mixed with an existing vaccine not studied in the trial, and subjects are given either (a) the trial vaccine mixed with the existing unrelated vaccine or (b) the combination of a placebo and the existing unrelated vaccine. The use of an "add-on" vaccine is used to avoid giving an "empty" injection."**

**Empty injection? Why not fill the syringe with saline to avoid giving an "empty" injection. That way researchers could distinguish between the vaccine reactions from the vaccine group and the lack of reactions from the inert placebo group. That is the way true science is supposed to be done. But then again, that would make it way too easy to identify the real gap (or would it be a chasm), between the number of adverse reactions from the vaccine group and the saline solution group?**

**Link to the full report:**
https://apps.who.int/iris/bitstream/handle/10665/94056/9789241506250_eng.pdf;jsessionid=4F5D8267B8D420C8DE52A10B74A9EB8F?sequence=1

# Conflicts of Interest in Pro-Vaccine Research- The "Six Studies"

## Shooting holes in the six studies that are always held up as "proof" that Thimerosal does not cause autism

There are 6 studies that are repetitively cited as the "proof" that Thimerosal does not cause autism. If you go to this website https://www.fourteenstudies.org/studies.html you will actually see 19 such studies, including the 6 often repeated ones that have been exposed for having conflicts of interest or methodology flaws. You can see the entire studies here and read those challenges to the studies. *(A conflict of interest, is where one or more of the researchers/authors has worked for a vaccine manufacturer in the past or currently, or the funding for the studies comes from a pharmaceutical company, or organization with a biased slant in favor of vaccinations).*

At this link https://www.fourteenstudies.org/ranked.html you will find the method they used for rating the levels of conflict within each study. At the bottom of that page you will see two links that will take you to the thimerosal studies and the MMR studies, showing the scores and reasons for those scores.

The most quoted of all of these articles is "Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization Database" *Pediatrics*, Thomas Verstraeten, MD (November 2003).

***Conflicts of Interest**:* "Written by the Centers for Disease Control, the federal agency in charge of the vaccine program. The lead author, Thomas Verstraeten, left to take a job with Glaxo SmithKline -- a vaccine manufacturer -- after the study was written and before it was published. The U.S. Congress later cited this as an ethical violation."

## Glaring flaws

It was later revealed in an article by David Kirby of the Huffington Post that the study was admittedly flawed. From the article:

"CDC Director Dr. Julie Gerberding has delivered a potentially explosive report to the powerful House Appropriations Committee, in which she admits to a startling string of errors in the design and methods used in the CDC's landmark 2003 study that found no link between mercury in vaccines and autism, ADHD, speech delay or tics."

That is just one example of the 19 articles on their site, exposing the corruption surrounding these articles "proving" a negative association of thimerosal with autism. The methods employed by the pharmaceutical industry are identical to what the tobacco industry did for many years. They have literally taken a page out of the tobacco industry's playbook. They manufacture bought and paid for studies, that are reverse-engineered to show the outcome that they want them to show. It is interesting to note that the CDC has never been willing to do a study comparing vaccinated to non-vaccinated children, even though numerous scientists and researchers have urged them to do so. I wonder why???

## More evidence that the Six Studies are Flawed- Over 165 studies have found a positive association between thimerosal and autism

This article published in ***Biomed Research International*** in 2014, titled **Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe.** This article exposes serious flaws and conflicts of interest in the 6 most commonly cited studies when people claim that research has "debunked" (the one word they like to use), the "theory" (the other word they like to use), about mercury and autism. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4065774/

Abstract: **"There are over 165 studies that have focused on Thimerosal, an organic-mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful**. Of these, 16 were conducted to specifically examine the effects of Thimerosal on human infants or children with reported outcomes of death; acrodynia; poisoning; allergic reaction; malformations; auto-immune reaction; Well's syndrome; developmental delay; and neurodevelopmental disorders, including tics, speech delay, language delay, attention deficit disorder, and autism. In contrast, the United States Centers for Disease Control and Prevention states that Thimerosal is safe and there is "no relationship between Thimerosal containing vaccines and autism rates in children." This is puzzling because, **in a study conducted directly by CDC epidemiologists, a 7.6-fold increased risk of autism from exposure to**

**Thimerosal during infancy was found.** The CDC's current stance that Thimerosal is safe and that there is no relationship between Thimerosal and autism is based on six specific published epidemiological studies coauthored and sponsored by the CDC. The purpose of this review is to examine these six publications and analyze possible reasons why their published outcomes are so different from the results of investigations by multiple independent research groups over the past 75+ years".

"**These six studies are in sharp contrast to research conducted by independent researchers over the past 75+ years that have consistently found Thimerosal to be harmful**. As mentioned in the Introduction section, many studies conducted by independent investigators have found Thimerosal to be associated with neurodevelopmental disorders. Several studies, for example, including three of the six studies covered in this review, have found Thimerosal to be a risk factor for tics [10, 17, 24, 25, 34, 35]. In addition, Thimerosal has been found to be a risk factor in speech delay, language delay, attention deficit disorder, and autism [10, 11, 15–17, 24, 25, 34]." *(links are active for easy access. Hover your cursor over the number, hold the control key down and click to follow)*

## Financial ties between researchers, the vaccine industry and the American Academy of Pediatrics (AAP)

***CBS News*** reports on financial ties with the ***American Academy of Pediatrics (AAP)*** and the vaccine industry - One notable consideration is the **Journal Pediatrics** is their flagship journal which publishes often reported studies supporting vaccines.

In a July 25, 2008 article titled, **How Independent Are Vaccine Defenders? by Sharyl Attkisson**, the financial ties binding researchers, with pharmaceutical companies, with a medical association and journal whose members financial livelihoods proportionately depend on the success of vaccination programs are the ties that bind. The real question is, how can these groups be unbiased with so much to lose? https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

### The article is short, so I am providing it in its entirety:

*"For years some parents and scientists have raised concerns about vaccine safety, including a possible link to autism and ADD.* ***Many independent experts have sided with government officials and other scientists who say there's no possible connection. But how "independent" are they? CBS News investigative correspondent Sharyl Attkisson shares here's what she found.***

They're some of the most trusted voices in the defense of vaccine safety: the American Academy of Pediatrics, Every Child By Two, and pediatrician Dr. Paul Offit.

**But CBS News has found these three have something more in common - strong financial ties to the industry whose products they promote and defend.**

**The vaccine industry gives millions to the Academy of Pediatrics** for conferences, grants, medical education classes and even helped build their headquarters. The totals are kept secret, but public documents reveal bits and pieces.

- A $342,000 payment from Wyeth, maker of the pneumococcal vaccine - which makes $2 billion a year in sales.
- A $433,000 contribution from Merck, the same year the academy endorsed Merck's HPV vaccine - which made $1.5 billion a year in sales.
- Another top donor: Sanofi Aventis, maker of 17 vaccines and a new five-in-one combo shot just added to the childhood vaccine schedule last month.

***Every Child By Two***, a group that promotes early immunization for all children, admits the group takes money from the vaccine industry, too - but wouldn't tell us how much.

**A spokesman told CBS News:** "There are simply no conflicts to be unearthed." But guess who's listed as the group's treasurers? Officials from Wyeth and a paid advisor to big pharmaceutical clients.

Then there's Paul Offit, perhaps the most widely quoted defender of vaccine safety.

**He's gone so far as to say babies can tolerate "10,000 vaccines at once."**

This is how Offit described himself in a previous interview: "I'm the chief of infectious disease at Children's Hospital of Philadelphia and a professor of pediatrics at Penn's medical school," he said.

Offit was not willing to be interviewed on this subject but like others in this CBS News investigation**, he has strong industry ties. In fact, he's a vaccine industry insider**.

**Offit holds in a $1.5 million-dollar research chair at Children's Hospital, funded by Merck. He holds the patent on an anti-diarrhea vaccine he developed with Merck, Rotateq, which has prevented thousands of hospitalizations. And future royalties for the vaccine were just sold for $182 million cash. Dr. Offit's share of vaccine profits? Unknown. *(This is the Rotavirus vaccine that it has been reported that Dr. Offit made $30 million dollars on… emphasis mine).***

There's nothing illegal about the financial relationships, but to critics, they pose a serious risk for conflicts of interest. **As one member of Congress put it, money from the pharmaceutical industry can shape the practices of those who hold themselves out to be "independent**."

The ***American Academy of Pediatrics***, Every Child By Two and Dr. Offit would not agree to interviews, but all told us they're up front about the money they receive, and it doesn't sway their opinions.

Today's immunization schedule now calls for kids to get 55 doses of vaccines by age 6. *(This article was published in 2009).*

Ideally, it makes for a healthier society. But critics worry that industry ties could impact the advice given to the public about all those vaccines."

## Another study finding no association between thimerosal and autism used previously discredited studies to base their conclusions on

A 2014 study titled, **Vaccines are not associated with autism: an evidence-based meta-analysis of case-control and cohort studies** and published in the Journal ***Vaccine*** looked at 10 studies, 5 cohort and 5

case-controlled and concluded that there is insufficient evidence to link thimerosal and autism. https://www.ncbi.nlm.nih.gov/pubmed/?term=24814559

The problem is, that five of the studies used are part of the studies exposed by www.fourteenstudies.org for having significant design flaws and/or conflicts of interests by the authors. One of the other 5 studies was authored by Frank DeStefano, who as you will as reported on page 317, left the CDC to work in the pharmaceutical industry and later returned to the CDC again. This is part of the revolving door mentioned between the CDC and pharmaceutical companies. Dr. DeStefano is the current Director of the Immunization Safety Office at the CDC.

**I have a problem with new studies using the same few old studies to support vaccine "science", as seems to happen a lot in the literature. If the vaccine proponents want to build credibility, they need NEW research using research scientists without financial ties to the CDC, vaccine research institutions or the pharmaceutical industry and do that research comparing vaccinated and non-vaccinated children. That has been called for, for over two decades now. Why hasn't it been done? I have my suspicions.**

In the epilog of the study, one of the study's authors make this pretty amazing statement: "However, as a parent of three children I have some understanding of the fears associated with reactions and effects of vaccines. My first two children have had febrile seizures after routine vaccinations, one of them a serious event. These events did not stop me from vaccinating my third child, however, I did take some proactive measures to reduce the risk of similar adverse effects. I vaccinated my child in the morning so that we were aware if any early adverse reaction during the day and I also gave my child a dose of paracetamol 30 min before the vaccination was given to reduce any fever that might develop after the injection. As a parent I know my children better than anyone and I equate their seizures to the effects of the vaccination by increasing their body temperature. For parents who do notice a significant change in their child's cognitive function and behaviour after a vaccination I encourage you to report these events immediately to your family physician and to the 'Vaccine Adverse Event Reporting System'."

The fact that he gave his child paracetamol (acetaminophen), tells me that he must not know the connection between that drug and autism (see the section on the connection between acetaminophen and autism starting on page 282.

In this study the authors only considered studies that showed no association between vaccines and autism, even though there are plenty of published studies showing the opposite. If you only include studies that reach the same conclusion…you'll be certain to get the result you are looking for.

As Dr. Janet Kern a neuroscientist with the Institute of Chronic Illnesses, Inc. in Silver Spring Maryland correctly pointed out in her criticism of this study published on PubMed: "The following studies that showed an association between Thimerosal and the risk of autism were not included in the Taylor et al. (2014) meta-analysis even though they were published within the same time frame as the studies that were included." Then, she goes on to list four studies that found a direct association between vaccines and autism.

- Gallagher CM, Goodman MS. Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997–2002. J Toxicol Environ Health A 2010;73(24):1665–1677.

- Geier DA, Hooker BS, Kern JK, King PG, Sykes LK, Geier MR.A two-phase study evaluating the relationship between Thimerosal-containing vaccine administration and the risk for an autism spectrum disorder in the United States. Transl Neurodegener 2013;2(1):25.

- Young HA, Geier DA, Geier MR. Thimerosal exposure in infants and neurodevelopmental disorders: an assessment of computerized medical records in the Vaccine Safety Datalink. J Neurol Sci 2008;271(1–2):110–118.

- Geier DA, Geier MR. An evaluation of the effects of Thimerosal on neurodevelopmental disorders reported following DTP and Hib vaccines in comparison to DTPH vaccine in the United States. J Toxicol Environ Health A. 2006;69(15):1481–95."

## Natural News calls out two prominent vaccine researchers for conflicts of interest, integrity and ethical issues

https://www.naturalnews.com/050334_population_control_Jim_Marrs_autism_debate.html

Posted July 08, 2015 and is an excerpt from ***Investigative Journalist Jim Marr's book,*** **Population Control- How Corporate Owners are Killing us**

**Dr. Thomas Verstraeten**

The outside pressure the pharmaceutical industry brings to bear on anti-vaccine advocates explains why many doctors are wary of making any controversial statements about the effects of vaccines. Dr. Thomas Verstraeten is one such case. Verstraeten entered the vaccine fray when he authored a **2001 study whose initial phase seemed to indicate a potential link between thimerosal and autism**. However, **by 2003, Verstraeten said his study ultimately did not support such a link**, and he became a supporter of the vaccines. **He was accused of yielding to outside pressure to alter studies indicating a link between thimerosal and autism**. **One internal CDC document obtained after a FOIA request, showed Verstraeten sent an email that many have interpreted as referring to his difficulty in making the statistical association between thimerosal and autism disappear with the words, "It just won't go away."**

In June 2005, Rolling Stone published an article written by Robert F. Kennedy Jr. entitled "**Deadly Immunity**," which claimed that the federal government and the pharmaceutical industry colluded to withhold information concerning vaccine safety. **Kennedy also accused Verstraeten of modifying his data to fit the CDC's claim that there is no link between thimerosal and autism, an accusation that Verstraeten has vehemently denied. Yet his personal career choices suggest something sinister: shortly after publishing his findings, Verstraeten left the CDC for a position with the pharmaceutical giant GlaxoSmithKline. Verstraeten's jump is just another illustration of the "revolving door" policy**

**between government regulators and the corporate world. In 2009, for instance, CDC Director Julie Gerberding left the organization for a job as president of the $5 billion vaccine division of Merck.**

**Poul Thorsen**

Poul Thorsen is another pro-vaccine doctor whose legitimacy has been called into question. Thorson coauthored some of the most frequently cited CDC studies denying the link between thimerosal-containing vaccines and autism. **Much of the data cited in these studies remain unavailable to the public.** Yet despite the lack of transparency, Thorsen's research has been hailed by the corporate mass media, public health establishment, and Big Pharm as "proof" that there is no connection between vaccines and autism.

**In 2014, Thorsen was indicted for fraud and stealing grant money while working for the CDC**. The CDC had awarded him grant money for research in Denmark involving infant disabilities, autism, genetic disorders, and fetal alcohol syndrome. According to the U.S. Department of Health and Human Services' inspector general, **Thorsen reportedly diverted more than $1 million of the CDC grant money to his own personal bank account and submitted fraudulent invoices on CDC letterhead to medical facilities assisting in the research for reimbursement of work allegedly covered by the grants.**

Paul Thorson is still a fugitive as the Danish Government refuses to extradite him as he is a Danish citizen. He is one of the authors on a 2002 study that found no link between the MMR shot and autism. It was a study looking at all children born in Denmark between January 1991 and December 1998. http://www.nejm.org/doi/full/10.1056/NEJMoa021134

Here is another source covering this story- http://www.ageofautism.com/2012/11/wanted-by-the-feds-poul-thorsen-who-helped-pull-off-cdc-vaccine-autism-heist.html

In order to find out who is in the right in the vaccine debate, one need only follow the money. Mass inoculations bring more than **$25 billion** in revenues to the giant pharmaceutical firms and their hirelings while physicians and researchers who question mass vaccinations make nothing. In fact, many of them risk loss of income and ostracism from the conventional medical establishment. Meanwhile, **those who trumpet the benefits of vaccines and downplay their risks can profit enormously**. **(end of book quote)**

## The "Denmark" study Dr. Thorsen authored, which found no association between the MMR vaccine and autism is found to have serious flaws

In addition to the question of integrity and honesty of the alleged criminal activity of one of the authors of the study, the validity of this study has come into question by many researchers. Was there intentional malfeasance? Some think so. Others think that poor study design is to blame. In a paper written in 2004 titled, **MMR and Autism in Perspective: the Denmark Story** and published in the ***Journal***

***of American Physicians and Surgeons***, the authors point out several methodological flaws as corroborated by other studies that took a critical look at the Denmark study. This study has some very telling graphics showing the rise in autism during the period in question after taking into consideration the design and methodology flaws.

**From the article: "**In summary, it appears that a new trend in PDD emerged in children born in Denmark in the late 1980s, a change that coincided with the introduction of MMR and which is obscured rather than explained by diagnostic change. **The data of Madsen et al., unadjusted for age, support an autism-MMR association**."

One such study mentioned in this previous study and also published in 2004 in the ***Journal of American physicians and surgeons*** titled, **An Investigation of the Association Between MMR Vaccination and Autism in Denmark**, found an association with the rise in autism and the use of thimerosal containing vaccines. http://www.jpands.org/vol9no3/goldman.pdf

**The conclusion from this article:** "**Trends in prevalence data in Denmark suggest a temporal association between the introduction of MMR vaccine and the rise in autism**. Because thimerosal was not used in any pediatric vaccine in Denmark since 1992 and the greatest increase in autism prevalence followed that year, it is likely that one or more of the viral components or their combination in the MMR vaccine contributed to the reported increase."

"Autism rates in the U.S. have surpassed those of Denmark. Notably, in the U.S. the MMR vaccine was administered at the age of 12 months, often with two thimerosal- containing products, the B and hepatitis B vaccines, while it was usually administered alone in Denmark at the age of 15 months. Additionally, by the age of 6 months, infants in the U.S. had been exposed to 12 vaccines and up to 187.5 micrograms of thimerosal, compared to 6 vaccines with no thimerosal in Denmark."

**Let's not forget the dramatic increase in aluminum containing vaccines given to children after thimerosal was removed from the MMR vaccine. Many scientists consider aluminum to be far more neurotoxic than even mercury**.

And one last study mentioned in the **MMR and Autism in Perspective: the Denmark Story** paper is **critical of the Thorsen Denmark study methodology**. "Lauritsen et al. have recently contributed to the Danish debate, **with data that confirm a striking change in the reported incidence and prevalence of autism and related PDDs in Denmark over the period 1971-2000, endorsing the fact that, among other things, children born in the latter part of the study cannot be considered representative of the autism population over the entire period, an important factor in the aforementioned process of age-adjustment**." https://www.ncbi.nlm.nih.gov/pubmed/15697060

## Ethics in research should matter- One high profile Pediatric Neurologist weighs in on the questionable value of research conducted by dishonest people

***Max Wiznitzer M.D.*** is a vaccine/autism denier and spokesperson with a history of defending vaccines as safe. Even he was quoted in the aforementioned article posted on ***ageofautism***'s web site on Dr. Thorson as saying…"*If you can't trust the researcher, you can't trust the research.*"

## Merck accused of rigging results using rabbit blood to "doctor" MMR study results as revealed by two former Merck scientists

An article published on ***Global Research*** reveals how vaccine manufacturers can cook the books when research doesn't come out the way they would like. The article titled, **Merck Senior Management Tried to Pay Off its Own Vaccine Scientists to Remain Silent About Scientific Fraud**, discussed shocking revelations of Merck's deception in their MMR research - https://www.globalresearch.ca/merck-senior-management-tried-to-pay-off-its-own-vaccine-scientists-to-remain-silent-about-scientific-fraud/5430364

**From the article:**

Back in 2010, **two former Merck scientists, repulsed by what they saw taking place at the highest levels of the company, filed a False Claims Act in the U.S. District Court for the Eastern District of Pennsylvania. The filing accuses Merck of lying about the safety and effectiveness of MMR vaccines, tampering with study data, defrauding the U.S. government and various other high-level crimes**.

Claims by Merck that the mumps component of the MMR vaccine is "95 percent effective" are also questioned in the filing. **Stephen Krahling and Joan Wlochowski say Merck senior management falsified data specifically on the effectiveness of the mumps vaccine, intentionally spiking blood samples with animal antibodies in order to trick the public into thinking that the vaccine is effective**.

"**Merck… added animal antibodies to blood samples to achieve more favorable test results, though it knew that the human immune system would never produce such antibodies, and that the antibodies created a laboratory testing scenario that 'did not in any way correspond to, correlate with, or represent real life… virus neutralization in vaccinated people,'" explains *CourthouseNews.com***.

**Other alleged transgressions include Merck swindling the U.S. government out of "hundreds of millions of dollars for a vaccine that does not provide adequate immunization," as well as promoting the spread of mumps with its fraudulent vaccine. This elaborate scam, which the duo says has been taking place since the late 1990s, has allowed Merck to monopolize the vaccine market, specifically with regard to MMR vaccines**.

The only way Merck was able to gain this monopoly in the first place was by demonstrating to the FDA that the mumps vaccine is at least 95 percent effective. According to the federal agency, this is the designated threshold at which so-called "herd immunity" is activated, supposedly providing near-total protection against infection.

Initial tests failed to reach this necessary threshold, so Merck resorted to data manipulation and blood sample tampering, the false results of which were submitted to the FDA as evidence of the vaccine's efficacy. For years, this was all kept tightly under wraps, only recently emerging into the public sphere — and **yet the mainstream media has completely ignored it!**

"Krahling and Wlochowski participated on the team that conducted this supposedly enhanced test," reads the original filing. "Each of them witnessed firsthand the falsification of the test data in which Merck engaged to reach its 95 percent efficacy threshold. In fact, each was significantly pressured… to participate in this fraud."

The plaintiffs charge that Merck defrauded the U.S. for more than a decade by faking a vaccine efficacy rate of 95% even though the real rate was significantly lower.

On January 31, 2016, the court ordered that discovery, the process of gathering evidence, must be completed by March 01, 2017. The court also ordered that expert discovery needs to be completed by 31 October 2017.

Other motions must be filed by December 20, 2017. A motion for class action certification must be filed by March 01, 2018; and Merck must file its opposition to class certification by April 05, 2018. As far as I have been able to find out, this case is still winding its way through the court system.

## Fraud and deception- More bad news for the MMR vaccine

In 2010, researchers came forward that had worked on the MMR vaccine for Merck and disclosed that Merck had falsified data in order to make the effectiveness of their vaccine look much better than it was. http://www.globalresearch.ca/merck-mumps-vaccines-are-a-total-fraud-company-can-only-provide-the-courts-with-efficacy-data-from-50-years-ago/5455709 This article titled, **Merck Mumps Vaccines Are a Total Fraud: Company Can Only Provide the Courts with Efficacy Data from 50 Years Ago**, describes a culture of fraud and deception:

"The two scientists, Stephen Krahling and Joan Wlochowski, filed their whistleblower lawsuit in 2010 claiming Merck, the only company licensed by the Food and Drug Administration to sell a mumps vaccine in the United States, skewed tests of the vaccine by adding animal antibodies to blood samples."

"As a result, they said, Merck was able to produce test results showing that the vaccine was 95 percent effective, even though more accurate tests would have shown a lower success rate. The plaintiffs said these false results kept competitors from trying to produce their own mumps vaccines, since they were unable to match the effectiveness Merck claimed."

**"Ripped off governments"**

"In 2012, Chatom Primary Care, which is based in Alabama, and two individual physicians – all buyers of the Merck mumps vaccine – filed a proposed antitrust class action based on allegations in the whistleblowers' suit. The two cases are now being coordinated before Sitarski and U.S. District Judge C. Darnell Jones, said Reuters."

"As noted by *Natural News* editor Mike Adams, the Health Ranger, in this June 2012 report, Merck knowingly falsified its mumps vaccine test data, spiked blood samples with animal antibodies, sold a vaccine "that actually *promoted* mumps and measles outbreaks, and ripped off governments and consumers who bought the vaccine thinking it was '95% effective.'"

"As further reported by *Courthouse News* at the time:

Merck also added animal antibodies to blood samples to achieve more favorable test results, though it knew that the human immune system would never produce such antibodies, and that the antibodies created a laboratory testing scenario that "did not in any way correspond to, correlate with, or represent real life… virus neutralization in vaccinated people," according to the complaint."

**"Falsely represented in its labeling "**

"Merck's allegedly fraudulent claims were made so that the company could corner the mumps vaccine market, Adams noted, adding that the Merck scientists – who are virologists – state the fraud has been ongoing since the 1990s."

"But there is even more complicity, as Adams pointed out:

Rather than taking action on these false claims act, the U.S. government simply ignored it, thereby protecting Merck's market monopoly instead of properly serving justice. This demonstrates the conspiracy of fraud between the U.S. government, FDA regulators and the vaccine industry."

"In its court filing,[PDF] Chatom alleged:

Merck fraudulently represented and continues to falsely represent in its labeling and elsewhere that its Mumps Vaccine has an efficacy rate of 95 percent or higher."

"In reality, Merck knows and has taken affirmative steps to conceal — by using improper testing techniques and falsifying test data — that its Mumps Vaccine is, and has been since at least 1999, far less than 95 percent effective. …"

"Merck designed a testing methodology that evaluated its vaccine against a less virulent strain of the mumps virus. After the results failed to yield Merck's desired efficacy, Merck abandoned the methodology and concealed the study's findings."

## Towing the party line, despite overwhelming evidence to the contrary

Despite all the questions about impropriety, conflicts of interest and tone deafness to the meteoric rise of autistic spectrum and neurodevelopmental disorders, the party line still remains the same. This quote from Dr. Frank DeStefano, from a 2015 post he did on Web MD regarding the question that was asked; Do vaccines cause autism? His response: "The scientific evidence is clear that vaccines do not cause autism. The Institute of Medicine, IOM, issued a report in 2004 concluding that the MMR vaccine and thimerosal-containing vaccines do not cause autism. In 2012, the IOM issued an updated report concluding that the MMR vaccine does not cause autism." *This answer should not be considered medical*

*advice...Posted: November 30, 2015* http://answers.webmd.com/answers/1194718/do-vaccines-cause-autism?guid=1&clientid=&referraltopic=undefined

Notice that he said, "The scientific evidence is clear..." CLEAR?! REALLY?!!! Since Dr. DeStefano is the acting Director of the Immunization Safety Office at the CDC, this **clearly** indicates that government officials are holding fast to their myopic position despite the overwhelming evidence to the contrary! And the 2004 report he cites? Oh yes, that was the one I just mentioned. The one he co-authored with William Thompson PhD, that is at the center of the allegations, that statistics showing that there is an association with the MMR shot and increased rates of autism. The one where the actual data was altered, and the original records destroyed.

## A review of 63 Studies on the MMR vaccine finds the pre and post studies "largely inadequate"

In another 2012 study titled, **Vaccines for measles, mumps and rubella in children**, and published as part of the ***Cochrane Database Systematic Review*** looked at 5 randomized controlled trials, 27 cohort studies, 17 case control studies, 5 time-series trials, 1 case cross over trial, 2 ecological studies, 6 self-controlled case series studies involving in total about 14,700,000 children up to the age of 15. https://www.ncbi.nlm.nih.gov/pubmed/22336803

After looking at the effectiveness and rates of adverse events following MMR vaccination the author's conclusion stated: "**The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post- marketing are largely inadequate."**

## Doctors are essentially coached to lie when parents ask about the association between the MMR vaccine and autism

In a paper published in ***Pediatrics Perspectives*** as part of the ***American Academy of Pediatrics, Pediatric History Center*** and written by ***Jeffrey P. Baker M.D., PhD. from the Department of Pediatrics, Duke University School of Medicine*** titled, **The First Measles Vaccine,** doctor Baker chronicles the development of vaccines including the measles vaccine. Then when discussing the MMR/autism connection and how to handle those concerns when brought by parents, he makes one of the most outlandish statements I have ever heard. He writes the following: "**For parents, one of the most intuitively persuasive objections may simply be the fact that the United States had used the MMR vaccine widely since the early 1970s and yet experienced no corresponding rise in autism cases**." Huh? What did he say? The United States has not experienced any rise in autism cases since the 1970s?!!! What planet has he been living on? Seriously! And he is associated with a reputable institution like the Duke University School of Medicine?

**For the record, the rates of autism as cited earlier in this document were approximately 1 in 5,000 in the 1970s. In 2011 when Dr. Baker wrote this article, the autism prevalence rates published by the CDC were approximately 1 in 59. Two recent studies listed below, estimate autism prevalence at 1 in**

**40 as of 2016 and estimates are that when the statistics come out for 2019, the rate may be as high as 1 in 30!**

Two independent studies published December 2018, one in the journal ***Pediatrics*** titled, **The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children** and one in ***JAMA Pediatrics*** titled, **Prevalence and Treatment Patterns of Autism Spectrum Disorder in the United States, 2016** estimate that 1 in 40 children have autism spectrum disorder (ASD). Both studies obtained data from the ***2016 National Survey of Children's Health.*** The studies looked at more than 43,000 children ages 3 to 17.

Any comments Dr. Baker?

**Sources:**
Journal ***Pediatrics*** article: https://pediatrics.aappublications.org/content/142/6/e20174161
***JAMA Pediatrics*** article: https://www.ncbi.nlm.nih.gov/pubmed/30508021

Here's the most ironic thing. The article written by Dr. Baker in ***Pediatrics Perspective*** in which he says the rates of autism have not increased since the early 1970s, and the article published in the journal ***Pediatrics*** that is citing the 1 in 40 autism prevalence rates, are both official publications of the ***American Academy of Pediatrics.***

## This is one way you can easily check for conflicts of interest in research

This is how you can tell who the people/institutions/companies involved in the study are and what their affiliations are. There are times however, where you need to dig a little more. Google, or your favorite search engine can help you with that.

This is a research article titled, **An Overview of the Quadrivalent Human Papillomavirus Vaccine Safety: 2006 to 2015** that concluded that the HPV vaccine "has a favorable safety profile." https://www.ncbi.nlm.nih.gov/pubmed/26107345

I would like to show you something very interesting about this article. When you go to the link, this is what you will see at the top of the page.

Pediatr Infect Dis J. 2015 Sep;34(9):983-91. doi: 10.1097/INF.0000000000000793

**An Overview of Quadrivalent Human Papillomavirus Vaccine Safety: 2006 to 2015.**

Vichnin M[1], Bonanni P, Klein NP, Garland SM, Block SL, Kjaer SK, Sings HL, Perez G, Haupt RM, Saah AJ, Lievano F, Velicer C, Drury R, Koter BJ

⊕ Author Information

Once there, I would like you to click on the + to the left of "author information". And this is what you will see.

Author information

1 From the *Merck & Co., Inc., Kenilworth, New Jersey; †University of Florence, Florence, Italy; ‡Kaiser Permanente Vaccine Study Center, Oakland, California; §The Royal Women's' Hospital, Murdoch Childrens Research Institute, University of Melbourne, Parkville, Victoria, Australia; ¶Kentucky Pediatric Research, Inc., Bardstown, Kentucky; ‖Danish Cancer Society Research Center, Copenhagen, Denmark; **Department of Gynaecology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; ††Universidad del Rosario, Bogota, Colombia; and ‡‡Sanofi Pasteur MSD, Lyon, France.

Notice who is the first acknowledgment listed in the study. Merck, the maker of Gardasil, the HPV vaccine that was being studied!

Even more interesting look at who the lead author is (they are the first one listed under the title of the study). It is Vichnin, M. (Michelle Vichnin MD). Let's take a look at her bio and see if by chance, she might be associated with Merck. Here is a link with her bio.

http://theconferenceforum.org/conferences/patients-as-partners/2017-speakers/michelle-vichnin-md/

Here is what it says:

**Michelle Vichnin, MD, Executive Director, Oncology, Office of the Chief Medical Officer Merck**

Michelle Vichnin, MD, is the Executive Director for Scientific, Medical and Patient Perspective for Oncology within the Office of the Chief Patient Officer **at Merck**. In this role, she supports the needs of the Chief Patient Officer with her medical and scientific expertise. In addition, Dr Vichnin **collaborates with stakeholders** to incorporate the voice of patients into decision-making throughout the company.

**Prior to this role, she was a medical director in Merck Vaccines, Adolescent Vaccines**. **She was as one of the Medical Affairs Leads for the second generation nonavalent HPV Vaccine (Gardasil 9) and for the quadrivalent HPV Vaccine (Gardasil)**, and has substantial experience in cervical cancer prevention. She has interacted with top scientific leaders, recommending organizations and government officials to present data **and to discuss implementation of HPV vaccination programs**.

**Dr Vichnin joined Merck as a US Medical Director for adolescent vaccines in 2007, and became a Global Medical Director in 2009.** She is a graduate of the Pennsylvania State University/Jefferson Medical College accelerated six-year medical program. She performed her residency in Obstetrics and Gynecology at the New York Hospital-Cornell Medical Center, and is board-certified.

Hmmm… conflict of interest? I can't tell you what to think. You be the judge.

## This often-quoted study finding no association between mercury and autism, is stacked with researchers that work for the drug companies that make the vaccines

This 2007 study published in the prestigious ***New England Journal of Medicine*** titled, **Early Thimerosal Exposure and Neuropsychological Outcomes at 7 to 10 Years**, discloses the conflicts of interest at the end of the article. Even so, the general public only hears the "results" of the study where the researchers find no association between mercury and autism. Not surprising however, when you consider that if the results were not favorable to the pharmaceutical industry, there would be some pink slips handed out and the lucrative consulting and speaking fees would dry up.
http://www.nejm.org/doi/full/10.1056/NEJMoa071434

**The conflict of interest disclosure at the end of the article: "**Dr. Thompson reports being a former employee of Merck; Dr. Marcy, receiving consulting fees from Merck, Sanofi Pasteur, GlaxoSmithKline, and MedImmune; Dr. Jackson, receiving grant support from Wyeth, Sanofi Pasteur, GlaxoSmithKline, and Novartis, lecture fees from Sanofi Pasteur, and consulting fees from Wyeth and Abbott and serving as a consultant to the FDA Vaccines and Related Biological Products Advisory Committee; Dr. Lieu, serving as a consultant to the CDC Advisory Committee on Immunization Practices; Dr. Black, receiving consulting fees from MedImmune, GlaxoSmithKline, Novartis, and Merck and grant support from MedImmune, GlaxoSmithKline, Aventis, Merck, and Novartis; and Dr. Davis receiving consulting fees from Merck and grant support from Merck and GlaxoSmithKline. No other potential conflict of interest relevant to this article was reported."

## Even those whose research has exposed conflicts of interest in vaccine research are targeted by censoring or discrediting their findings

This article published in ***Science and Engineering Ethics*** in 2015 titled, **Systematic Assessment of Research on Autism Spectrum Disorder (ASD) and Mercury Reveals Conflicts of Interest and the Need for Transparency in Autism Research**, has since been retracted by the publisher. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5705731/

After the article abstract, I have listed the authors and their disclosed conflicts of interest statement. As you can see, many have been working in the field of scientific research into the causes of and support for those with autism and neurodevelopmental conditions. In my opinion, that should no more discredit them from publishing their findings than current and former pharmaceutical scientists and administrators claiming to be unbiased and publishing articles in scientific journals. In fact, the former have no monetary or career building incentive, whereas the latter most definitely do. When you follow the money trail, you usually find a heap of bias.

In fact, what you will find if you read the article, is that many of the studies that they found bias, methodological flaws and conflicts of interest in, are the dozen or so commonly publicly heralded ones that show "proof" that vaccines are safe and effective by the vaccine lobby. It's no wonder their study became a target to get retracted.

**Article Abstract:**
"Historically, entities with a vested interest in a product that critics have suggested is harmful have consistently used research to back their claims that the product is safe. Prominent examples are: tobacco, lead, bisphenol A, and atrazine. **Research literature indicates that about 80–90% of studies *with* industry affiliation found no harm from the product, while only about 10–20% of studies *without* industry affiliation found no harm.** In parallel to other historical debates, recent studies examining a possible relationship between mercury (Hg) exposure and autism spectrum disorder (ASD) show a similar dichotomy. **Studies sponsored and supported by industry or entities *with* an apparent conflict of interest have most often shown no evidence of harm or no "consistent" evidence of harm, while studies *without* such affiliations report positive evidence of a Hg/autism association**. The potentially

causal relationship between Hg exposure and ASD differs from other toxic products **since there is a broad coalition of entities for whom a conflict of interest arises. These include influential governmental public health entities, the pharmaceutical industry, and even the coal burning industry**. **This review includes a systematic literature search of original studies on the potential relationship between Hg and ASD from 1999 to August 2015, finding that of the studies *with* public health and/or industry affiliation, 86% reported no relationship between Hg and ASD. However, among studies *without* public health and/or industry affiliation, only 21% find no relationship between Hg and ASD. The discrepancy in these results suggests a bias indicative of a conflict of interest**."

**Disclosed conflict of interest statement:**
"Janet Kern is a board member of the Council for Nutritional and Environmental Medicine (CONEM) and Geir Bjørklund is that organization's founder and president. Mark Geier and David Geier do work under the auspices of the non-profit Institute for Chronic Illnesses, Inc. Lisa Sykes, Mark Geier and David Geier are officers of the Coalition for Mercury-free Drugs (CoMeD, Inc). Richard Deth is on the scientific advisory board of the National Autism Association. Brian Hooker is on the board of Focus for Health. James Love has been involved in amalgam litigation. Boyd Haley is involved in the development of a mercury-chelating agent. Some of the authors have a personal as well as a professional interest in autism. In addition, some authors have been involved in litigation related to vaccines and autism."

## Medical journals are an extension of the marketing arm of the pharmaceutical companies

That in fact is the name of an article that appeared on Plosmedicine.org. The opening paragraph really sums it up. "**Journals have devolved into information laundering operations for the pharmaceutical industry", wrote Richard Horton, editor of the *Lancet*, in March 2004. In the same year, Marcia Angell, former editor of the *New England Journal of Medicine*, lambasted the industry for becoming "primarily a marketing machine" and co-opting "every institution that might stand in its way**."
https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.0020138&type=printable

Pretty strong words from a notable person as the editor of one of the world's top-notch medical journals! That article was written 15 years ago, and things have only gotten worse.

**The article goes on to say…**
"**The most conspicuous example of medical journals' dependence on the pharmaceutical industry is thesubstantial income from advertising**, but this is, I suggest, the least corrupting form of dependence. The advertisements may often be misleading and the profits worth millions, but the advertisements are there for all to see and criticise. Doctors may not be as uninfluenced by the advertisements as they would like to believe, but in every sphere, the public is used to discounting the claims of advertisers."

"**The much bigger problem lies with the original studies, particularly the clinical trials, published by journals. Far from discounting these, readers see randomised controlled trials as one of the highest forms of evidence. A large trial published in a major journal has the journal's stamp of approval (unlike the advertising), will be distributed around the world, and may well receive global media coverage, particularly if promoted simultaneously by press releases from both the journal and the**

**expensive public-relations firm hired by the pharmaceutical company that sponsored the trial. For a drug company, a favourable trial is worth thousands of pages of advertising, which is why a company will sometimes spend upwards of a million dollars on reprints of the trial for worldwide distribution**. The doctors receiving the reprints may not read them, but they will be impressed by the name of the journal from which they come. **The quality of the journal will bless the quality of the drug**."

"Fortunately from the point of view of the companies funding these trials—but unfortunately for the credibility of the journals who publish them—**these trials rarely produce results that are unfavourable to the companies' products. Paula Rochon and others examined in 1994 all the trials funded by manufacturers of nonsteroidal anti-inflammatory drugs for arthritis that they could find. They found 56 trials, and not one of the published trials presented results that were unfavourable to the company that sponsored the trial. Every trial showed the company's drug to be as good as or better than the comparison treatment**."

**The article goes on to list some of the ways drug companies accomplish the desired outcomes from their clinical trials-**

• Conduct a trial of your drug against a treatment known to be inferior.
• Trial your drugs against too low a dose of a competitor drug.
• Conduct a trial of your drug against too high a dose of a competitor drug (making your drug seem less toxic).
• Conduct trials that are too small to show differences from competitor drugs.
• Use multiple endpoints in the trial and select for publication those that give favourable results.
• Do multicentre trials and select for publication results from centres that are favourable.
• Conduct subgroup analyses and select for publication those that are favourable.
• Present results that are most likely to impress—for example, reduction in relative rather than absolute risk.

One would be naive to think that these kinds of things don't go on. That is exactly what makes ***1200 Studies*** that much more powerful and compelling. The fact that this document contains well over 1,200 studies that refute the claims we are told about vaccines, and that these researchers do not have the backing of Big Pharma or other lucrative financial incentives to make the outcome of their studies favor the "Lords" with the money and the funding that many researchers so often bow down for. Researchers conducting their studies without the influence of money, prestige or career advancement as a dangled "carrot", will always be more honest, unbiased and fair in their interpretation of the results. Always keep this article in mind when you see the highly promoted studies marched out in the media as "proof" that vaccines do this, or that. As you have seen and will see again in this eBook, careful dissection of those studies typically reveal highly suspect flaws and biases that if removed, completely discredit the vaccine or outcomes the study claims.

## Drug companies stack the deck, by financially incentivizing major scientific journals to publish their studies instead of those from independent researchers

***Neil Z. Miller*** author of several published studies and books, said this in an interview posted on ***YouTube*** June 29th, 2018 by The Real Truth About Health, sponsored by the Hypocrites Health Institute. "There's a dirty little secret that very few people know about. That there's an unspoken agreement between the pharmaceutical companies and some of these big journals, that if a pharmaceutical company produces a study and they want that study to get published in the journal, they will buy up maybe 500,000 copies of that study at full price when that study gets published. That translates into millions of dollars to the journal editors. And you have to understand that there's a limited amount of space for these studies going into the journal every week or every month, however often the journal comes out. So, a lot of times you'll have an independent researcher that comes up with an important study and that's getting pitted up against a big pharmaceutical company that is going to buy up 500,000 copies of this journal after it gets published. …That independent research never gets published and you don't even know about that study, because it just never makes it into the journal."

## Researchers discover that sudden infant deaths after vaccination from a hexavalent (6) vaccine were deleted from a periodic safety report

In a 2018 study published in the ***Indian Journal of Medical Ethics*** titled, **Infanrix hexa and sudden death: a review of the periodic safety update reports submitted to the European Medicines Agency** discusses the connection with 2 pediatric hexavalent vaccines (Infanrix hexa and Hexavac) and a cluster of sudden infant deaths post vaccination after approval in October of 2000 in Germany, France and the Netherlands. In 2005, this association was discovered and found a significant association with the Hexavac vaccine, but not the Infanrix hexa. The Hexavac vaccine was removed from the market in 2005 and the Infanrix was continued. Subsequent information showed that deaths that were acknowledged in one safety review were deleted from a subsequent review, thus giving the appearance of lower than actual death ratios for the Infanrix hexa. Was this intentional? It is not known for sure, but the millions of children that were exposed to a much higher risk of dying including the ones that did die as a result, were unnecessarily exposed none the less. With over 60,000,000 doses given (just during that time period only), that is a lot of exposed children! And keep in mind, the Infanrix hexa vaccine is still in use today. http://ijme.in/articles/infanrix-hexa-and-sudden-death-a-review-of-the-periodic-safety-update-reports-submitted-to-the-european-medicines-agency/?galley=html

**From the Commentary:**
"On October 23, 2000, the marketing of two hexavalent vaccines, Infanrix hexa® (GlaxoSmithKline plc-GSK) and Hexavac® (Sanofi Pasteur MSD, SNC), which combine diphtheria, tetanus, acellular pertussis, hepatitis B, inactivated poliomyelitis and Haemophilus influenza type B, was authorised in the European Union. **Following authorisation, there were several spontaneous reports of sudden unexpected death soon after the administration of these hexavalent vaccines. In 2005, von Kries and colleagues performed a detailed analysis in which they compared the observed deaths soon after vaccination with the deaths expected by chance. They found that the standardised mortality ratio (SMR) within**

**two days of the Hexavac vaccination was significantly increased among children vaccinated in the second year of life. This was not the case with Infanrix hexa. At the request of the marketing authorisation holder, Hexavac was withdrawn in 2005 and Infanrix hexa continued to be marketed in Europe**."

"This commentary focuses on that aspect of the PSUR which has a bearing on policy decisions. We analysed the data provided in the PSURs. It is apparent that the deaths acknowledged in the PSUR 16 were deleted from the PSUR 19**. The number of observed deaths soon after vaccination among children older than one year was significantly higher than that expected by chance once the deleted deaths were restored and included in the analysis**."

"The number of observed deaths was less than what was expected (Table 1). However, among the infants, there was a clustering of deaths immediately following vaccination, **with 42 deaths taking place in the first three days after vaccination, and only 8 in the next 3 days**. **Among those below one year of age, 54 deaths (93%) occurred in the first 10 days, and 4 (7%) in the next 10 days**. **Had the deaths been "coincidental SIDS deaths", this disparity in the number of deaths in the two time periods would not have been observed. SIDS deaths would have been spread uniformly over the 20-day period.** The fact that the rate of death decreases rapidly with the passage of time following immunisation suggests that the deaths could be related to vaccination."

"**Similarly, among children older than one year, 5 deaths (83.3%) occurred in the first 10 days and 1 death (17%) occurred in the next 10 days**. The clustering of deaths reported in the PSUR 15 was noticed in the PSUR 16 as well, and this has been commented upon previously."

GlaxoSmithKline's response is also published in the commentary.

The Infanrix hexa 6 vaccine combo is still used today. The list of ingredients in addition to the toxoids (diphtheria toxoid, tetanus toxoid, pertussis toxoid, poliovirus Type 1, 2 and 3, purified capsular polysaccharide of Hib covalently bound to tetanus toxoid (viral/bacterial components), **2-phenoxyethanol**, lactose, sodium chloride, **aluminum hydroxide AND aluminum phosphate adjuvant** (as aluminum salts), Medium 199, **residual formaldehyde**, **polysorbate 20 and 80 (Tween 20 and 80)**, M199, potassium chloride, filamentous haemagglutinin, disodium phosphate, pertactin, monopotassium phosphate, glycine, **neomycin sulphate, polymyxin B sulphate,** sodium chloride and water for injection. (Ingredients bolded by me)
Source: https://www.medbroadcast.com/drug/getdrug/infanrix-hexa

An article titled, **Vaccine Bombshell: Leaked Confidential Document Exposes 36 Infants Dead After this Vaccine**, written by Christina England and published online by ***GreenMedInfo***, reveals some disturbing facts that have come to light about the numbers of adverse reactions including deaths, attributed to the Infanrix Hexa.

**From the article:**
"**A confidential GlaxoSmithKline document recently leaked to the press exposed that within a two-year period, a total of 36 infants died after receiving the 6-in-1 vaccine, Infanrix Hexa. [1] According to**

**the website Initiative Citoyenne [2] who reported the news, the 1271 page document revealed that GlaxoSmithKline received a total of 1,742 reports of adverse reactions between October 23, 2009, and October 22, 2011, including 503 serious adverse reactions and 36 deaths. Initiative Citoyenne stated: "It's not that 14 deaths were recorded by GSK between October 2009 and end in October 2011 as we had originally calculated but 36 (14 from 2010 to 2011 and 22 from 2009 to 2010). In addition to these 36 deaths at least 37 other deaths (sudden death mainly), bringing the total to at least 73 deaths since the launch of the vaccine in 2000, and again, this concerns only the death by sudden death, no further recovery of under-reporting**."

"**Using the figure of 36 deaths over a two-year period, this averages 1.5 deaths per month, which by anyone's standard is extremely high. Note that only 1 to 10% of adverse reactions to vaccines are actually reported. Therefore, in reality, the problem could potentially be far more serious and the actual number of fatalities much higher**."

Given that this information has come to light, there should be an independent review of the data in the United States. Again I have to ask, is it worth giving 6 different vaccines containing all of those ingredients at once to an infant in the name of expediency? The cumulative effect on the immune and nervous system, especially in a genetically susceptible child puts them at a much higher level of risk.

**You can read the entire article here:**
http://www.greenmedinfo.com/blog/vaccine-bombshell-leaked-confidential-document-exposes-36-infants-dead-after-vacc

If interested, the link to the 1,271-page GSK report is embedded in the article, reference #1.

# CONFLICTS OF INTEREST AT THE CDC

## Also, more on the inadequacy of vaccine research in this section

I feel that including the Executive Summary from the Children's Defense Fund free eBook titled **Conflicts of Interest Undermine Children's Health** would be a great way preamble to this section. Robert F. Kennedy Jr. is the founder and Chairman of the Board of ***Children's Health Defense*** https://childrenshealthdefense.org/ , a wonderful organization that is trying to expose the corruption endemic in the vaccine paradigm/industry and fight to save our children from the unprecedented health crises that they face as a result. I feel that the Executive Summary does an excellent job of summarizing the components and the gravity of the problems we face.

**Executive Summary:**

- Confidence in vaccine programs is declining worldwide. Nearly nine in ten U.S. pediatricians have encountered parents who question the Centers for Disease Control and Prevention (CDC) vaccine schedule.

- Factors contributing to the erosion of public trust include growing awareness of outsized vaccine industry profits, lack of scientific integrity and transparency, politicization of vaccine recommendations and misleading safety claims that exaggerate benefits and conceal risks.

- Conflicts of interest and unethical behavior encumber the key public and private players involved in U.S. and global vaccination programs to such an extent that public skepticism is not only understandable but justified.

- In 1986, Congress passed the National Childhood Vaccine Injury Act (NCVIA), giving pharmaceutical companies blanket immunity from liability for injuries resulting from childhood vaccines. The liability protections converted vaccines from a "neglected corner of the drugs business" into a major economic driver of the pharmaceutical industry.

- Four pharmaceutical giants—GlaxoSmithKline, Merck, Pfizer and Sanofi Pasteur—manufacture and profit from every vaccine on the U.S. childhood vaccine schedule.

- The NCVIA also created the National Vaccine Injury Compensation Program (NVICP), a burdensome administrative mechanism that allows vaccine-injured individuals to seek financial compensation. In three decades, the program has paid out $4 billion to a subset—barely a third—of petitioners, dismissing well over half of filed claims.

- NVICP claims represent the tip of a vast vaccine injury iceberg. As per the U.S. Department of Health and Human Services, fewer than 1% of vaccine adverse events ever get reported.

- Government officials have found many ways to limit the number of NVICP petitioners awarded compensation, for example, exhibiting "highly unethical and appallingly consequential official misconduct" in a 2007-2008 Omnibus Autism Proceeding for thousands of families filing claims for vaccine-induced autism.

- The Food and Drug Administration (FDA) and the CDC have played a pivotal role in the U.S. vaccine "renaissance." Because the two regulatory agencies work hand in glove with vaccine companies to protect and grow the liability-free childhood vaccine market, neither has the impartiality required to oversee vaccine safety. The CDC owns over 50 vaccine-related patents; the CDC also purchases half of all U.S. childhood vaccines—a 15-fold increase from three decades ago.

- Vaccine makers, the CDC and other government and private partners have fudged vaccine science for decades, attending secret meetings; hiding, destroying or fraudulently manipulating publicly funded data; and engaging in other unethical actions.

- In exchange for guaranteed advertising revenues from pharmaceutical companies, medical journals play a key role in suppressing studies that question vaccine safety, while publishing skewed write-ups that are more marketing than science.

- Most medical trade groups and physicians have been willing participants in the U.S. vaccine program due to the financial incentives that can result in thousands of dollars of kickbacks for enforcing the CDC-recommended schedule, despite acknowledgement by Congress and the Supreme Court that vaccines are "unavoidably unsafe."

- The status quo is untenable. Three urgently needed steps include repealing the NCVIA, eliminating vaccine mandates and establishing a fully transparent and independent vaccine safety commission. It is essential that conflicts of interest be addressed so that sound science—rather than deep pockets—can form the basis of vaccine policy-making.

# Institutional and special interest corruption at the CDC is exposed by the British Medical Journal

**Not only do they lie about their independence, they have lied in their own research, they are the accused in this instance, they cannot investigate allegations against themselves.**

"Today, the goals of pharmaceutical policy and medical practice are often undermined due to institutional corruption — that is, widespread or systemic practices, usually legal, that undermine an institution's objectives or integrity."

In an article published May 2015 in the ***British Medical Journal*** (BMJ) titled, **Centers for Disease Control and Prevention: protecting the private good?**, the questions about industry and special interest funding of the CDC was investigated. Centers for Disease Control and Prevention: protecting the private good? BMJ 2015;350:h2362 (Published 15 May 2015)

**The following excerpts are from the article:**

"The Centers for Disease Control and Prevention (CDC), includes the following disclaimer with its recommendations: "**CDC, our planners, and our content experts wish to disclose they have no financial interest or other relationships with the manufacturers of commercial products**... CDC does not accept commercial support." *(This is the CDC's official position, which is disputed by this article)*

"The CDC's image as **an independent watchdog** over the public health has given it enormous prestige, and its recommendations are occasionally enforced by law."

"Despite the agencies disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking."

"Marcia Angell, former editor-in-chief of the ***New England Journal of Medicine***, told the ***BMJ***, "the CDC **has enormous credibility among physicians, in no small part because the agency is generally thought to be free of industry bias. Financial dealings with biopharmaceutical companies threaten that reputation**."

"**Industry funding of the CDC has taken many doctors, even some who worked for the CDC, by surprise**. Philip Lederer, an infectious diseases fellow at Massachusetts General Hospital and Brigham and Women's Hospital in Boston, Massachusetts, and a former CDC epidemic intelligence service officer, told the BMJ he was "saddened" to learn of industry funding."

## See these 16 articles that investigate the corruption of pharmaceutical policy

Experts Shocked to Learn US Centers for Disease Control Taking Drug Company Funding
Institutional Corruption and Pharmaceutical Policy. Harvard Journal of Law, Medicine and Ethics; Vol. 41, No. 3 (2013)

**The CDC has been the subject of four scathing government studies that depict the corruption, mismanagement, dysfunction and conflict of interests suborning its research, regulatory, and policy making functions. These are outlined by Robert F. Kennedy Jr. in this article:**
RFK, JR manifesto on mercury and vaccines

# The Office of Inspector General of the Department of Health and Human Services finds serious deficiencies in reporting conflicts of interest at the CDC

In December 2009, a report by the ***Inspector General of H.H.S. Daniel R. Levinson***, found serious inadequacy in the reporting of conflicts of interest between individuals having ties with pharmaceutical companies and also sitting on committees and working in agencies that are supposed to be unbiased in their approval and oversight of vaccines. https://oig.hhs.gov/oei/reports/oei-04-07-00260.pdf

**According the report:**

**FINDINGS**

- For almost all special Government employees, CDC did not ensure that financial disclosure forms were complete in 2007. CDC certified OGE Forms 450 with at least one omission in 2007 for 97 percent of SGEs. Most of the forms had more than one type of omission.

- CDC did not identify or resolve potential conflicts of interest for 64 percent of special Government employees in 2007. Sixty-four percent of SGEs had potential conflicts of interest in 2007 that CDC did not identify and/or resolve before it certified their OGE Forms 450. Specifically, 58 percent of SGEs had potential conflicts of interest that CDC did not identify. In addition, 32 percent of SGEs had potential conflicts of interest that CDC identified but did not resolve. Twenty-six percent of SGEs had both CDC-unidentified and unresolved potential conflicts of interest.
- CDC did not ensure that 41 percent of special Government employees received required ethics training in 2007.
- CDC did not ensure that 41 percent of SGEs had ethics training certificates on file to document that SGEs received initial or annual ethics training within required timeframes in 2007.
- Fifteen percent of special Government employees did not comply with ethics requirements during committee meetings in 2007.
- Specifically, 13 percent of SGEs participated in committee meetings in 2007 without having current, certified OGE Forms 450 on file.
- In addition, 3 percent of SGEs voted on particular matters when their waivers prohibited such participation.
- Four SGEs both participated in committee meetings without current, certified OGE Forms 450 on file and voted on particular matters when their waivers prohibited such participation.

**This report describes an outrageous lack of oversight by the CDC, especially considering that the health and well-being of 78 million children in the U.S. depend on it!**

## CDC data manipulation on the MMR vaccine exposed

### (More on this later in the section on the MMR Vaccine)

A 2017 paper by Brian S. Hooker, Ph.D., P.E., and published in the ***Journal of American Physicians and Surgeons*** titled, **CDC Data Manipulation Exposed- Four Years Later**, looks at the lack of action on the fraud perpetrated by the destruction of data and overt manipulation of the data, as alleged by one of the lead researchers on the study itself. It is important to note, that Brian Hooker is the person that William Thompson, a lead scientist and author of the study in question, chose to tell about the ordered destruction of the data and the subsequent alteration of the findings. Dr. Thompson secretly kept a copy of all of the data and later provided that information to Brian Hooker. Dr. Thompson's conscious and feelings of guilt is eventually what led to him coming forward.
https://www.jpands.org/vol22no4/hooker.pdf

While I haven't quoted the whole paper, I have chosen to include enough to paint a picture of what went on with regard to the data manipulation and cover-up.

**From the paper:** *(references are in the PDF above)*
"It has been more than four years since I received that first phone call from Dr. William Thompson, a scientist at the Centers for Disease Control and Prevention (CDC), who is now under whistleblower

protection. During these years, I was in direct contact with Dr. Thompson. We probably had more than had 40 phone conversations and exchanged more than 10,000 pages of documents. All of the information was then shared with Rep. William J. Posey (R-8-Fla.) The phone conversations including both audio and written transcripts are available at the website: http://fearlessparent.org/why-is-thimerosal-still-in-vaccines-recording-1/."

"Dr. Thompson revealed to me the gross bias of CDC leadership in covering up for vaccines at all costs. One CDC official worked especially hard in the background to dilute Dr. Thompson's strong and statistically significant finding in his 2007 paper in the *New England Journal of Medicine***3** that thimerosal exposure via infant vaccines causes tics in boys. In addition, she supervised numerous efforts within CDC's Immunization Safety Office to cover up the relationship between vaccines and autism, among many other childhood developmental disorders."

"Two other CDC officials were central figures in hiding the relationship between the measles, mumps, and rubella (MMR) vaccine and autism in African-American boys. A CDC official ordered that all documents showing this relationship be destroyed, as was done in a September 2002 meeting, prior to the publication of the now discredited 2004 paper by DeStefano et al. in the journal *Pediatrics*. Further, a CDC official was complicit in the whole debacle involving Dr. Poul Thorsen, in which data showing that autism rates went down in Denmark after the removal of thimerosal from vaccines were omitted from the now thoroughly debunked 2003 *Pediatrics* paper by Madsen et al."

"Yet, these individuals remain in place in their comfortable leadership jobs at CDC, despite the revelation of data manipulation. This destroys confidence in the CDC's assurances of the safety of the now-bloated vaccine schedule and instead shows its leaders' dedication to protecting their institution at all costs."

"Regarding Dr. Thompson's earlier work, he asked me to start a campaign to publicize the fact that multiple CDC-sanctioned publications show that thimerosal causes tics. This issue has never been addressed by CDC. Instead, CDC's website falsely states: "There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site." Soon after the revelations of the CDC whistleblower went public in August 2014, I filed a complaint with the Department of Health and Human Services (DHHS) Office of Research Integrity (ORI) regarding the data manipulation associated with the 2004 Destefano paper. The ORI handed the complaint over to CDC to "investigate itself." Obviously, this type of self-review inspires no confidence, especially given CDC's very poor track record."

"When the CDC team responsible for the paper by Destefano et al. originally completed the analysis regarding MMR timing and autism in black male children, an odds ratio of 2.56 was obtained when comparing those children receiving the MMR vaccine before 36 months of age with those who didn't receive MMR until after 36 months of age. This result was statistically significant, with a *p*-value less than 0.01. This result alarmed Dr. Thompson's co-authors on the paper, especially those who were in leadership positions at CDC."

"In order to dilute this association, Dr. Thompson was asked to eliminate any children in the sample who did not possess a valid State of Georgia birth certificate. This eliminated children living in the Atlanta area but not born in Georgia—about 40 percent of the sample. When this was done, the odds ratio was reduced to 1.68 but more importantly, statistical significance was obviated (i.e., $p > 0.05$). In the final paper, only the result for the "birth certificate" sampling was reported. In addition, according to Dr. Thompson, all data showing the original effect for African-Americans were destroyed in the September 2002 meeting, despite the fact that the original analysis plan for the study explicitly stated: "The only variable available to be assessed as a potential confounder using the entire sample is child's race." DeStefano et al. deviated from the original analysis plan, expressly to avoid reporting the statistically significant finding."

"It is important to note that statistically significant relationships were actually observed and reported in the final paper. Specifically, the odds ratio for boys in the study was 1.67 (95% CI 1.10–2.53), when comparing those who received the MMR before and after 36 months of age. However, the authors of the paper dismissed these findings by stating:

> "Vaccination before 36 months was more common among case children than control children, especially among children 3 to 5 years of age, likely reflecting immunization requirements for enrollment in early intervention programs."

"If the authors' assertion regarding early intervention had indeed been correct, then a significant effect would have been consistent within all gender, race, and demographic categories studied. However, this was not the case as seen in boys versus girls (odds ratio 1.06, 95% CI 0.51–2.20). Ultimately, the statistically significant result here was specific to blacks, and CDC chose to hide the relationship in order to protect the program, rather than protecting children."

"CDC's investigation into itself has dragged on for three years now with no resolution. Unofficially, I have heard that, as a result of the investigation, there may be some type of report released in late 2018. Yet, how many lives of children have been needlessly sacrificed for the good of a profit-driven vaccination program over this protracted period during which CDC has failed to resolve the issue long after having been exposed for data manipulation?"

There has been a constant drumbeat of calls for congress to look into this matter and allow William Thompson the opportunity to testify and tell his story. It is mid-July 2019 as I am writing this, approximately 18 months since this paper was written and nothing has been done by our government to investigate this information and to give William Thompson the opportunity to appear. Realizing that Washington is in gridlock and not getting much of anything done, one has to wonder if matters such as these, vital to the health, lives and future of millions of Americans will ever see the justice they deserve.

# The CDC Has a vested interest in the promotion and proliferation of Vaccines! What?

**The Centers for Disease Control is supposed to be a governmental agency which oversees and regulates health and safety of the American public. Would it surprise you to find out that the CDC is intimately involved with the production and sales of vaccines**? **According to *Robert F Kennedy Jr.*, the CDC sells $4.6 billion of vaccines a year**. ***Ty Bollinger***, the producer of the immensely popular documentary series, **The Truth About Vaccines** ( www.thetruthaboutvaccines.com ), **did a patent search and found that the CDC is an assignee on more than 50 vaccine patents!** How can this be? And they are supposed to be regulating the very industry that they are in bed with? It's truly and fox guarding the hen house scenario.

***Commonly, researchers and employees of pharmaceutical companies are given positions at the CDC. Dr. William Thompson (a whistleblower I will talk about in a moment), worked at Merck before taking a position at the CDC. Not only that, but top CDC officials are frequently rewarded with very lucrative positions by vaccine manufacturers when they leave the CDC. It's a revolving door that rewards loyalty with promotion between industry and the CDC.*** According to Ty Bollinger, ***Dr Julie Gerberding*** who was the Director of the CDC from 2001-2008, received the job of head of the vaccine division for Merck after leaving the CDC in 2009. ***Dr. Frank DeStefano*** who is the current Director of the Immunization Safety Office at the CDC, actually left the CDC, then went into the pharmaceutical industry and then came back to the CDC again. Another example of questionable methods, motives and mixed loyalties is research on the effects of Thimerosal and autism by lead author ***Dr. Thomas Verstraeten*** published in the journal ***Pediatrics*** and titled, **Safety of thimerosal-containing vaccines: a two-phased study of computerized health maintenance organization databases.** https://www.ncbi.nlm.nih.gov/pubmed/14595043 According to ***Brian Hooker***, "**But anybody who's followed the story knows the Verstraeten study actually had five different iterations, and in each time, they were watering down the associations between vaccines and autism, vaccines and speech delay, vaccines and language delay, all of these things that originally they found statistically significant associations. They then started limiting the number of children and the cohort, limiting the age of the children of the cohort, taking out specific clinics where they saw specific effects." Apparently, this process continued until the study showed no relationship. According to Brian Hooker, "Dr. Verstraeten was a CDC scientist. And interestingly he left the CDC in 2001, before the study was completed. And he spent two years at Glaxo Smith Kline, actually as co-author and collaborator on this study. Glaxo Smith Kline was making thimerosal-containing vaccines. And so, there was a distinct conflict of interest**."

**So, there is this incestuous relationship between the CDC and the pharmaceutical industry. And just as with familial incest, the gene pool become corrupted. The Truth About Vaccines documentary chronicles many other examples of corruption and conflicts of interests.**

To revisit something I reported on earlier in this document; even individual patent holders of vaccines have been allowed to vote on the approval and recommendation to the CDC schedule of those same vaccines from which they would benefit tremendously financially.

Paul Offit M.D. and Stanley Plotkin M.D. are patent holders on the first failed Rotavirus Vaccine. Offit sat on the Advisory Committee on Immunization Practices (ACIP), that voted whether the Rotavirus Vaccine should be approved and added to the schedule. As the patent holder for the vaccine, how he can even participate in the process, much less vote on its approval? In these proceedings, often times if conflicts are brought up, the person can state their case and still gain approval to participate in the discussions and even vote.

It is worth revisiting some quotes from an article posted February 05, 2019 on the ***Children's Health Defense*** web site titled, **The Rotavirus Vaccine: A Case Study in Government Corruption and Malfeasance** summarized the conflicts of interest nicely. https://childrenshealthdefense.org/news/the-rotavirus-vaccine-a-case-study-in-government-corruption-and-malfeasance/

"Among the Congressional investigation's findings were that three out of five members of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) "who voted to approve the rotavirus vaccine in December 1997 had financial ties to pharmaceutical companies that were developing different versions of the vaccine", while four out of eight members of the CDC's Advisory Committee on Immunization Practices (ACIP) "who voted to approve guidelines for the rotavirus vaccine in June 1998 had financial ties to pharmaceutical companies that were developing different versions of the vaccine".

The Rotavirus debacle and the numerous improprieties involved in the approval process, triggered a congressional investigation and report titled, **Conflicts of Interest in Vaccine Policy Making** by the ***Committee on Government Reform, U.S. House of Representatives*** dated August 21, 2000. There were several recommendations made designed to correct the blatant lack of oversight in preventing conflict of interest and financial interest bias from members of these committees who have ties to the pharmaceutical companies that manufacture the very vaccines that they are deciding whether to approve or not. The real question is, have those safeguards been put in place and followed?

## Is the CDC a case of the fox watching the hen house?

### The CDC holds 56 patents on vaccines, vaccine development and vaccine processes. What does that say about its purported neutrality and duty to oversight of the vaccine industry?

In an article published on July 02, 2018 by ***NWO Report*** cites **Robert F. Kennedy Jr.** and research into the vaccine patent holding of the CDC. The shocking discovery found that the CDC is the patent holder on **56 vaccine related U.S. patents**. The article has direct links to each of the patents individually, as well as a link to the Google search and the results showing all of the patents.
https://nworeport.me/2018/07/02/robert-kennedy-jr-cdc-is-a-privately-owned-vaccine-company/

**The author of the article states the following:**

"I am fortunate to have, as one of my partners in advocacy, fellow autism parent **Mark Blaxill**, an Intellectual Property expert who has been employed by billion-dollar corporations to manage their patents. Blaxill was the man who found out that HHS, through NIH, owns patents on all HPV vaccines, and receives a percentage of the profits for each dose of Gardasil and Cervarix administered anywhere in the world." (They include a link whereby Blaxill exposes this story).

**How unbiased can the CDC be when they are in the vaccine business and there is a revolving door for researchers, scientists and administrators between the CDC and the vaccine industry?**

This is a great lead-in to the next topic exposing shoddy vaccine research and conflicts of interests at the Department of Health and Human Services (HHS). **Remember the CDC operates under the auspices of HHS.**

## An excellent fact filled open letter dated October 12, 2017 challenging HHS regarding the inadequacy of vaccine research and rampant conflicts of interest

This letter by ***Del Bigtree*** is filled with references showing the failure on the part of the pharmaceutical industry and our own government agencies to address serious inadequacy in the approval and post-release surveillance of vaccines. **Del Bigtree was an Emmy Award-winning producer on the daytime talk show The Doctors, for six years. He has a background both as a filmmaker and an investigative medical journalist.** His letter fully exposes the admission by government expert panels that the research is sorely lacking, yet nothing is being done to rectify this glaring deficiency. It challenges the Department of Health and Human Services (HHS), to clean up its act and eliminate the obvious conflicts of interest between the pharmaceutical industry and government agencies and panels that oversee the approval, the safety and the efficacy of vaccines. **The scope and extent of this excellent and fully referenced letter is too much to include in its entirety here, but it can be found at** http://icandecide.com/white-papers/ICAN-HHS-Notice.pdf

***The outline of the letter and the challenges to HHS it contains, consists of the following sections:***

**Introduction**

- **I. Background**
- II. **Deficiencies in the Pre-Licensure Safety Review of Pediatric Vaccines**
  - (1) Please explain how HHS justifies licensing any pediatric vaccine without first conducting a long-term clinical trial in which the rate of adverse reactions is compared between the subject group and a control group receiving an inert placebo?
  - (2) Please list and provide the safety data relied upon when recommending babies receive the Hepatitis B vaccine on the first day of life?
- III. **Post-Licensure Surveillance of Vaccine Adverse Events**
  - (3) Please explain why HHS failed to cooperate with Harvard to automate VAERS reporting? And detail any steps that HHS has taken since toward automating VAERS reporting?

(4) Please explain any specific steps taken by HHS to improve adverse reaction reporting to VAERS?

IV. **Identifying What Injuries Are Caused by Vaccines**

(5) For each of the 38 vaccine-injury pairs reviewed in the 1994 IOM Report which the IOM found lacked studies to determine causation, please identify the studies undertaken by the HHS to determine whether each injury is caused by vaccination?

(6) For each of the 135 vaccine-injury pairs reviewed in the 2011 IOM Report which the IOM found lacked studies to determine causation, please identify the studies undertaken by the HHS to determine whether each injury is caused by vaccination?

(7) Please explain what HHS has done to assure that health care providers record the manufacturer and lot number for each vaccine they administer?

V. **Identifying Which Children are Susceptible to Vaccine Injury**

(8) Please advise when HHS intends to begin conducting research to identify which children are susceptible to serious vaccine injury? If HHS believes it has commenced this research, please detail its activities regarding same?

VI. **Removing Claim "Vaccines Do Not Cause Autism" from the CDC Website**

(9) Please confirm that HHS shall forthwith remove the claim that "Vaccines Do Not Cause Autism" from the CDC website, or alternatively, please identify the specific studies on which HHS bases its blanket claim that no vaccines cause autism?

VII. **Refusal to Conduct Vaccinated Versus Unvaccinated Study**

(10) Please advise whether HHS intends to forthwith conduct adequately powered and controlled prospective as well as retrospective studies comparing total health outcomes of fully/partially vaccinated children with completely unvaccinated children?

VIII. **Reducing Conflicts of Interest at HHS**

- HHS Licenses & Recommends Vaccines
- HHS Promotes Vaccines
- HHS Defends Vaccines

(11) Please advise if you will:

a. prohibit conflict waivers for members of HHS's vaccine committees (ACIP, VRBPAC, NVAC & ACCV)?

b. prohibit HHS vaccine committee members or HHS employees with duties involving vaccines from accepting any compensation from a vaccine maker for five years?

c. require that vaccine safety advocates comprise half of HHS's vaccine committees?

d. allocate toward vaccine safety an amount at least equal to 50% of HHS's budget for promoting/purchasing vaccines?

e. support the creation of a vaccine safety department independent of HHS?

f. support the repeal of the 1986 Act to the extent it grants immunity to pharmaceutical companies for injuries caused by their vaccine products?

*IX.* **Conclusion-** ***(It is essentially is a call to action. It can be read in its entirety at the link above)***

## This must watch short video, explains not only the corruption and conflicts of interest around the vaccine controversy, but how the system handcuffs parents of damaged children from getting a fair hearing

https://tv.greenmedinfo.com/vaccines-cause-autism/

The disturbing and disheartening fact is that even though the facts in this video exposing the tainted system are shocking, nothing has changed in the 5 years since its production. And the pharmaceutical industry has no oversight or accountability, makes record profits, yet cannot be held accountable for the damaged children and devastated families left behind.

# Mandatory reporting of study results is sadly deficient

According to prsinfo.clinicaltrials.gov, "The *Food and Drug Administration Amendments Act* of 2007 (*FDAAA*) established a requirement for certain clinical trials to be registered at trial initiation and to report summary results after trial completion in the public registry and results database called ClinicalTrials.gov. This law is intended to facilitate enrollment in clinical trials, allow for tracking of the progress of such trials and address problems with the lack of timely dissemination of research findings….. ClinicalTrials.gov was launched in February 2000 by the National Library of Medicine (NLM), a component of the National Institutes of Health (NIH). Since its launch, the policies and laws related to registration of clinical trials have evolved, with *FDAAA* being the most comprehensive US law to date…. *FDAAA* requires that a "responsible party" register and submit results for "applicable clinical trials" of drugs and devices.

After an applicable clinical trial is completed, the results must be submitted to ClinicalTrials.gov via the PRS no later than 12 months after reaching the "completion date" or within 30 days of approval, licensure or clearance of the drug or device."
https://prsinfo.clinicaltrials.gov/publications/Wong-Williams-RAPS-Regulatory-Focus-8May2012.html

## A report published in the New England Journal of Medicine, cites poor reporting to ClinicalTrials.gov

The report titled, **Compliance with Results Reporting at ClinicalTrials.gov** cited the following:

"From all the trials at ClinicalTrials.gov, we identified 13,327 HLACTs *(highly likely applicable clinical trials),* that were terminated or completed from January 1, 2008, through August 31, 2012. Of these trials, 77.4% were classified as drug trials. A total of 36.9% of the trials were phase 2 studies, and 23.4% were phase 3 studies; 65.6% were funded by industry. Only 13.4% of trials reported summary results

within 12 months after trial completion, whereas 38.3% reported results at any time up to September 27, 2013. Timely reporting was independently associated with factors such as FDA oversight, a later trial phase, and industry funding. A sample review suggested that 45% of industry-funded trials were not required to report results, as compared with 6% of trials funded by the National Institutes of Health (NIH) and 9% of trials that were funded by other government or academic institutions. Despite ethical and legal obligations to disclose findings promptly, most HLACTs did not report results to ClinicalTrials.gov in a timely fashion during the study period. Industry-funded trials adhered to legal obligations more often than did trials funded by the NIH or other government or academic institutions." *Compliance with Results Reporting at ClinicalTrials.gov*. Available from: https://www.researchgate.net/publication/273468962_Compliance_with_Results_Reporting_at_ClinicalTrialsgov

Without a compliance system for reporting that is universally followed, there naturally are gaps that allow researchers and special interests to sweep results and data under the rug, if it doesn't fit the narrative of the desired outcome. Yes it may come as a surprise to many, but some of the research that is done starts with the outcome they want and is "reverse engineered" in such a way that the methods reach the pre-determined outcome.

# VACCINE SAFETY

## How safe are vaccines really? This section will answer that question and (spoiler alert), it's not what we are told

**The following is taken directly from the FDA's website at**
https://www.fda.gov/AboutFDA/Transparency/Basics/ucm194586.htm

### How does FDA assess the safety of vaccines?

*Vaccines undergo rigorous and extensive testing to determine their safety and effectiveness. Highly trained scientists and medical personnel at FDA carefully review all of the information in a marketing application before a vaccine can be approved for use by the public.*

*Following approval, FDA also carefully monitors the quality of vaccines—all manufactured lots must pass tests before they can be used. And as with all manufacturers of medical products, vaccine manufacturers must follow strict manufacturing standards. In addition, FDA conducts routine inspections of manufacturing sites.*

*FDA also works closely with the Centers for Disease Control and Prevention (CDC) to monitor reports of side effects (adverse events) of vaccines. FDA and CDC take all reports seriously, and work together to evaluate and address any potential problems.*

**Now, let's take a look at their claims…**

## The Vaccine Injury Compensation System – Part 1

### To date, the vaccine court has awarded over 4 billion dollars, and a record number of new petitions have been filed over the last 3 years

**There has been over 4 billion dollars paid out for compensation for vaccine injury to vaccine injured individuals. That number is going up by millions monthly**. Since the vaccine court has awarded 4 billion dollars (including attorney's costs), as compensation for vaccine injured children, **that certainly doesn't support the claim that vaccines are completely safe.**

### You can see the amounts of petitions filed, the awards given, and the number of cases filed and compensated for each vaccine here

**The most current data through October 2018 can be found here**:
https://www.hrsa.gov/vaccine-compensation/data/index.html

**This is the data-set up through October 2018:**
https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-nov-2018.pdf
(On that page you can view or download a PDF of the most current data)

### The previous link provides the data for the next sections also-

Statistics on which vaccines are connected with the most compensated cases in the vaccine court. The flu vaccine is far and away the most compensated one, with the DTP next

The trend for number of petitions and cases compensated is upward

**You will also see that there have been over 1,100 petitions filed annually over the last three years, for a total of 3,601. This is the first time that total has accumulated over 3 consecutive years. And with 508 already filed in the first 2 months of 2019, that would equate to 3,048 filed petitions by the end of**

**the year. That is nearly 2 ½ times the number filed in 2018! Could the ever-increasing vaccine dose schedule, the multi-dose combo vaccines and the pharma backed media sensationalism of the flu, whooping cough and measles cases have something to do with the increasing number of people injured by vaccines?**

The number of compensated awards is increasing consistently since 2004 and is on track for a big jump in 2019

**2004 - 57**
**2005 - 64**
**2006 - 68**
**2007 - 82**
**2008 - 141**
**2009 - 131**
**2010 - 173**
**2011 - 251**
**2012 - 249**
**2013 - 375**
**2014 - 365**
**2015 - 508**
**2016 – 689**
**2017 – 706**
**2018 – 522**
**2019 – 240 (as of 03-01-19…That puts the total on track for 2019 to be 1,440 compensated awards)**

**In 2017 $282,096,906 (over 280 million dollars), was paid out. That is over $23 million a month or nearly $5.5 million A WEEK! There was $110,984,605 paid out in the first 2 months of 2019. That puts us on pace for a total payout in 2019 of $665,907,630 (nearly 666 million dollars), or 12,806,916 per week! That is $1,829,416.57 every day! That is more than double what was paid out just 2 years earlier in 2017.**

The maximum award is $250,000

**The maximum award for even for death is $250,000. Considering that it is estimated that it may cost as much a $2.5 million to raise and support an autistic child through adulthood, the maximum award is just a drop in the bucket (even though you will see in a minute that it is nearly impossible to get compensated for autism). For other severe and lifelong disabling conditions, the costs can be nearly as much. And for the death of a child, well let's just say it could never be enough!**
https://www.nvic.org/faqs/vaccine-injury-compensation.aspx

## Autism is no longer considered a compensable condition because the number of cases would overwhelm the system

According to an article published December 02, 2018 on ***VaccineImpact.com*** titled, **Get Your Flu Shot? DOJ Report From Vaccine Court Reveals Flu Shot is Most Dangerous Vaccine in U.S.**, the number of autism claims as of 2010 was threatening to bankrupt the system, so the government figured out a clever way to deny autism as a compensable claim. https://vaccineimpact.com/2018/get-your-flu-shot-doj-report-from-vaccine-court-reveals-flu-shot-is-most-dangerous-vaccine-in-u-s/

**From the article:**
"**1989 through 2017, the NVICP has paid out $3,761,572,346.69 (over $3.7 BILLION) in settlements for vaccine injuries and deaths**, and yet the *Vaccine Injury Compensation Trust Fund,* funded through taxes the public pays on vaccines, has a balance of $3,768,655,418 as of July 31, 2018, almost the same amount that has been paid out to victims from 1989 through 2017." ***Now that amount has topped 4 BILLION DOLLARS.***

'The main reason why the fund has become so large, besides the fact that most U.S. citizens are not even aware of it and never file claims for vaccine injuries and deaths, **is because autism injuries due to vaccines are no longer allowed**."

**Autism Vaccine Injuries Not Allowed: Too Many**
"One indication that the problem is more widespread than what the public is being told is the increasing rate of autism among children."

"The U.S. government vaccine court will no longer hear cases of vaccines causing autism. When the *Vaccine Injury Compensation Trust Fund* was set up in 1988, autism was the most prevalent vaccine injury brought before the vaccine court, mostly from the MMR (measles, mumps, rubella) vaccine. **It soon became apparent that the trust fund would not be sufficient to litigate all the claims for autism as a vaccine injury**. By March 1, 2010, 13,330 cases had been filed in the special vaccine court, with 5,617 representing autism cases. Of those 13,330 cases filed up to March 1, 2010, only 2,409 were compensated. The rest were dismissed, but there were 5,933 cases still pending, and most of those were claims for vaccine-induced autism, mostly due to either the MMR vaccine, or vaccines containing thimerosal (mercury)."

**Starting on page 403-404, you will see more about how the game of "semantics" is played with regard to the way cases of brain injury are sometimes compensated (even through the injured children are clearly autistic).**

**The reason that there is a vaccine court, is that the pharmaceutical companies cannot be sued for vaccine injuries or deaths. The government has given them immunity and tax payers (you and I), are footing the bill to compensate families that are lucky enough to win their case in vaccine court. Vaccines are the only class of drugs that have been given this special kind of protection. Think about it. Vaccines also are streamlined into production without the same scrutiny necessary for all other**

**kinds of drugs and yet, vaccine manufacturers have no accountability for quality control. That is a recipe for disaster when they have no ramifications for inadequate safety studies, lack of long-term follow-up studies, sloppy manufacturing processes or poor-quality control.**

**If 4 billion dollars have already been paid out and the same vaccines that have been proven in court to have damaged children are still being used on millions of children, what does that say about the statements above from the FDA? (*"FDA and CDC take all reports seriously, and work together to evaluate and address any potential problems").***

## Really? Then why haven't they launched extensive and independent long-term safety studies and surveillance programs?

### Regarding quality control, the drug industry has a long track record of skirting their responsibility

This is a quote from an excellent eBook that the Children's Health Defense has put out titled, Conflicts of Interest- Undermine Children's Health. This eBook has 282 references and does an outstanding job of documenting the extent and depth of the corruption in the vaccine industry and our own government. https://childrenshealthdefense.org/ebook-sign-up-conflicts-of-interest/

"From a consumer standpoint, Merck's track record with Vioxx raises the question of whether the American public can believe Merck's claims about the safety of its vaccines .**Can a company that confessed to illegal activity and paid out almost $5 billion to settle lawsuits for a drug it knew to be harmful be considered trustworthy when it markets expensive and profitable vaccines such as Gardasil?** In 2008, an investigation by the *Philadelphia Inquirer* described an unpublished FDA review of one of Merck's largest U.S. vaccine plants, **which identified contaminated children's vaccines and a failure to follow good manufacturing practices—noting 49 areas of concern in all**. The plant leadership's response to the FDA's troubling findings was that "Nobody's perfect." **Previously, in 2007, Merck had to recall over a million doses of two childhood vaccines because it "could not guarantee the products' sterility."**

# Adverse reactions to vaccines

## These are some of the well acknowledged vaccine adverse reactions:

**Vaccine Package inserts** catalog a range of adverse reactions that sometimes affect over half of vaccine trial participants. These include:

- Injection-site reactions (e.g., pain, redness, "increase in arm circumference")

- Immune system responses such as fever and swollen lymph nodes
- Allergic reactions such as hives, rash, rhinitis and runny nose
- Diarrhea, vomiting, upper respiratory infection
- Fatigue, drowsiness, lethargy, malaise, loss of appetite
- Muscle aches and pain
- Headaches, febrile seizures
- Behavioral indictors of distress such as irritability, restlessness or inconsolable or prolonged crying

**VAERS reports** include adverse events of even greater severity. To date, VAERS has received thousands of reports for each of the following symptoms:

- Arthralgia (joint pain)
- Breathing difficulties
- Chest discomfort and pain
- Convulsions
- Death
- Decreased mobility
- "Feeling abnormal"
- Gait disturbances
- Increased heart rate, palpitations
- Loss of consciousness
- Musculoskeletal pain, extremity pain
- Otitis media (ear infection)
- Pneumonia
- Screaming
- Skin disorders
- Sleep disorders
- Stupor
- Tremors

- Viral infections

The **Vaccine Injury Compensation Program (VICP)**, has paid awards for many of the more serious conditions listed above. In addition, they have paid awards for:

- Brain damage (encephalopathy, and cases of autism [although they insist on calling it "brain damage"])
- Autoimmune conditions
- Long-term seizure disorders

## The government maintains a detailed database on adverse events from vaccines

### The studies show that only 1-2% of adverse reactions are even reported

**VAERS Data**- Vaccine adverse events are reported to the **Vaccine Adverse Event Reporting System (VAERS).** The numbers don't lie. **In 2016, there were 59,244 reports of reactions to vaccines**. **That number has grown annually.** In 1991, there were 9,935 adverse reactions reported, one sixth of those reported in 2016. The system is **entirely voluntary reporting**, often called **a "passive reporting system**". **Therefore, studies estimate that only between 1-2% of all vaccine reactions are ever reported to VAERS. That means that the number of reactions annually in the U.S. may be more accurately somewhere between 3,000,000 -6,000,000 adverse reactions, which is a VERY significant number!** That data can be **found here on the VAERS web site** https://vaers.hhs.gov/data/index Go here, scroll down and click on the "Click here to proceed to the VAERS Database" button.

**This site explains about many of the limitations of the VAERS System.** http://www.medalerts.org/analysis/archives/504 VAERS isn't perfect, but **it does act as a warning system that allows for identifying trends in vaccine dangers**. Unfortunately, it's all we have right now. **Again, I have to ask. With these astounding numbers of adverse reports of injury from vaccines, where is the FDA and the CDC?**

# The U.S. government funded a study that found that less than 1% of adverse reactions to vaccines are reported

**Harvard Pilgrim Health Care** performed the study between 12/01/2007 -09/30/2010. The report was titled, **Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP: VAERS)** https://www.ncbi.nlm.nih.gov/pubmed/?term=26060294

**The Purpose of the Study:**
"This research project was funded to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS)...

"The CDC's Public Health Information Network Messaging System (PHIN-MS) software was installed within the facilities so that the approved reports could be securely transferred to VAERS as electronic messages in an interoperable health data exchange format using Health Level 7 (HL7)."

**Results from the study:**
"Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, **an average of 1.3 events per clinician, per month**. These data were presented at the 2009 AMIA conference."

*Dividing 1.4 million doses between 376,452 people is an average of 3.72 doses per person.* ***And, if there were 35,570 reactions in 1.4 million doses given, that is one adverse reaction for every 39.4 doses. Perhaps what is most striking here is that if each person reacting experienced on adverse reaction only, of the 376,452 individuals vaccinated, nearly 10% experienced a possible reaction!***

In addition, ESP: VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the **pharmaceutical industry**, and the FDA towards systems that use proactive, automated adverse event reporting." ***(Since in the end, this improved automated reporting system was stymied and went nowhere, one has to wonder what influence the pharma reps on the panel had on that).***

"**Adverse events from drugs and vaccines are common, but underreported**. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, **fewer than 1% of vaccine adverse events are reported**. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health."

"**New surveillance methods for drug and vaccine adverse effects are needed.** Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs."

## Here's the kicker. After spending nearly 3 years and a million dollars, the CDC went dark on the program. Was it because the surveillance system would significantly increase the reporting of vaccine adverse reactions?

### The last statement from the Results section of the article says it all…

**"Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."**

One has to wonder what is stopping the automation of the vaccine adverse reporting system from being implemented. **This report suggested that its implementation would be easy to accomplish. That was in 2010. It is now 2018 and nothing has been done to accomplish this vital information system**. And lives hang in the balance. **It is estimated that if a system like this was incorporated into the electronic records databases, it would reveal that ten times more adverse vaccine reactions would be reported. There are powers that be, who would never want to see that happen.**

## The significance of this and the ramifications are MIND BOGGLING!

According to Jeffrey Jaxon's article titled, **Merck's HPV Vaccine Research Scandal Gains Mainstrem Attention** dated 12-30-17, "**VAERS** has logged **54,105 adverse reactions related to the HPV vaccine**. Among those, 2,227 are listed as "**disabled**," 10,416 are listed as "**did not recover**," 7,418 are listed as "**serious**," and 362 **deaths** have been reported. Many other reports were listed on VAERS including **emergency room visits after vaccination** [14,928], **hospitalized** [5,155], and **life-threatening** [868]."

**Keeping that in mind, consider this…**

### Reports to VAERS represent less than 1% of all adverse vaccine reactions, according to a CDC funded study conducted by Harvard Pilgrim Health Care

**A US Health and Human Services-funded study by Harvard Medical School** tracked reporting to VAERS over a three-year period at Harvard Pilgrim Health Care **involving 715,000 patients** and found that "**fewer than 1% of vaccine adverse events are reported.**"

A ***US House*** Report similarly stated: "Former FDA Commissioner David A. Kessler has estimated that VAERS reports **currently represent only a fraction of the serious adverse events.**"

**Recalculating the VAERS HPV reports using Harvard Medical School's findings of only one percent reporting, the current VAERS information from the HPV vaccine reporting could in reality be as high as 5,410,500 adverse reactions, 1,041,600 disabled, and 36,200 deaths over the first 10 years it has been in use. And that is just the HPV Vaccine which is responsible for the third highest number of vaccine court compensation awards at 126 through 2016. The DTaP vaccine and its versions is second (208 through 2016) and the flu vaccine is responsible for the highest number of vaccine court compensation awards (2,439 through 2016).**
https://www.jeffereyjaxen.com/blog/mercks-hpv-vaccine-research-scandal-gains-mainstream-attention

## If CDC estimates of adverse vaccine reaction underreporting is accurate, the actual number that occurs is MIND BLOWING!

**VAERS is a passive reporting system, relying on voluntary, rather than mandatory, reporting. Assuming VAERS captures 1 percent of adverse events (which is more than the less than 1% estimated), then the number of adverse events reported to VAERS in 2016 would reflect for that year 5,911,700 adverse events, 43,200 deaths 109,100 permanent disabilities 413,200 hospitalizations and 1,028,400 emergency room visits related to vaccines**. Capturing "fewer than 1% of vaccine adverse events" thirty years after the passage of the 1986 Act is unacceptable – and potentially deadly.

**In 2017, The VAERS Database reports 56,263 adverse reactions. Once again, if the less than 1% reporting estimations are accurate, the actual adverse reactions to vaccines are in excess of 5,626,300!**

**Let's have some fun with this. Vaxopedia reports that there has been an average of 286 million doses of vaccines distributed between 2006 and 2016. There are 325,000,000 people in the U.S. If you divide 286 million by 5,626,300 (the number of probable vaccine adverse reactions), you come up with 1 adverse reaction for every 51 doses.**
https://vaxopedia.org/2018/01/10/vaccines-statistics-and-numbers/
Vaxopedia is a website that espouses the benefits of vaccines and vaccinating your children.

Disclaimer: Now, I know that my example isn't 100% accurate, because we don't know exactly how many does of vaccines were distributed in 2017 alone. But it does give one pause to think about how very common vaccine adverse reactions really are.

### Weekly updates of Vaccine Injury Compensation Data
https://www.hrsa.gov/vaccine-compensation/data/index.html

### VAERS Database downloadable spreadsheets
https://vaers.hhs.gov/eSubDownload/verification

## Other countries also track adverse reactions. A 2016 study reveals some fascinating statistics about adverse reactions in Brazil.

An article published in ***Epidemiologia e servicos de saude*** titled, **Analysis of adverse events following immunization in Minas Gerais, Brazil, 2011: a cross-sectional study**, reveals some interesting statistics about the most common age for adverse reactions (under age 1), the most common vaccine to cause reactions (the DPT, Hib tetravalent combo), of which 1 out of every 393 children had a reaction to, nearly 30 percent had severe reactions and one died of febrile seizures.
https://www.ncbi.nlm.nih.gov/pubmed/?term=27861677

**From the study:**
"Throughout the time of the study, 1,458 adverse events following immunizations recommended by the National Immunization Program (*PNI*) were notified. Nine events had inconsistencies in the variable "age", and were excluded from the analyses. **Thus, 1,449 AEFI were included in this study**." ***(The overall rate of adverse reactions was approximately 1 per 5,000 doses). Bear in mind that admittedly, this article admits that the adverse reactions are under-reported. Chances are the rate of people reporting adverse reactions in this area of Brazil which includes some relatively primitive areas are lower than in the U.S., where it is estimated that less than 1% of adverse reactions are reported. If 1 in 5,000 experienced a reaction and the rate of under-reporting is the same as in the U.S., that would mean that the real rate of adverse reactions was in excess of 1 in 50.***

"**The immunobiological with the greatest incidence of adverse events was the tetravalent vaccine *(46.1%)* – a combination of the DTP and the *Haemophilus influenzae* b vaccines –, administered to 2, 4, and 6 month-olds to prevent morbidity and mortality by diphtheria, tetanus, pertussis and meningitis caused by *H. influenzae* b. The results of that investigation corroborate a study carried out in 2006, in the municipality of Teresina, Piauí State, where 63.0% of the notified events were found to be related to the tetravalent vaccine.**"

**"Over half of AEFI occurred in the population younger than 1 year of age (56.1%)…"** ***Looking at the adverse reaction statistics for the Diphtheria, Tetanus, Pertussis Haemophilus Influenza type B (Tetravalent Vaccine), which is the one with by far the greatest percentage of reactions and the fact that the report indicated that children were vaccinated with that combo vaccine at 2, 4 and 6 months, I did some calculations to see how many children, not doses were affected statistically. Dividing the 787,067 doses by 3 (which is the number each child would have received), you get 262,366 children. Taking the number of adverse reactions listed at 668 for the DTPHib and dividing by 262,356 children = .2546% or 1 out of every 393 children. That is an extremely high rate of adverse reactions! Again, if the rate of under-reporting is considered, that would mean adverse reaction rate of 1 in 4! And when over half of the adverse reactions were occurring in children younger than one year of age, isn't that telling us something? Infants and young children are much more susceptible to the effects of the heavy metals and chemicals in the excessive amounts of vaccines they are given.***

**This is a disturbing reaction to the vaccines:**

**"HHE *(Hypotonic Hyporesponsive Episodes which means the child is not responding or is "out of it"),* is a severe event**, of difficult clinical characterization…"…."HHE can be associated to various vaccines; **however, it is usually related to the pertussis component of the DTP vaccine**. **In this study, this adverse reaction accounted for 15.9% of all the adverse reactions**. A survey based on data from the Vaccine Adverse Event Reporting System (VAERS), Canada's AEFI notification system, found that, in the 215 cases evaluated, the average age at the start of an HHE **was four months of age**, over half of the children affected were female, **with an average interval of 210 minutes between the immunization and the episode**. **93% of the children affected had received a vaccine with pertussis**. **According to that same study, during HHE, 90.1% of the children presented pallor *(loss of color)* and 49%, cyanosis *(turned blue)***. **Another frightening adverse response listed in Table 5 is "Other grave and unusual events". What is that? Those AEFIs accounted for 13.9% of all adverse reactions**. **This means that those two classifications of serious adverse reactions accounted for nearly 30% of all reactions.** ***(That is scary stuff!). In addition, one child passed away from seizures; quote "1 died of febrile seizure".***

"Regarding the distribution of doses administered per immunobiological (Table 3), it was observed that the **tetravalent vaccine had the greatest reactogenicity (46.1%),** followed by the influenza vaccine (14.3%). Those and the pneumococcal 23-valent vaccine were the immunobiologicals with the greatest risk of causing adverse events among the people vaccinated in that period. Analyzing the association between the presence of AEFI by the type of immunobiological (inactivated or attenuated vaccines), it was found that inactivated vaccines…had greater chances of causing adverse events when compared to attenuated vaccines (Table 4)."

"Regarding the distribution of doses administered per immunobiological (Table 3), it was observed that **the tetravalent vaccine had the greatest reactogenicity (46.1%),** followed by the **influenza vaccine (14.3%)**. Those and **the pneumococcal 23-valent vaccine** were the immunobiologicals with the greatest risk of causing adverse events among the people vaccinated in that period. Analyzing the association between the presence of AEFI by the type of immunobiological (inactivated or attenuated vaccines), it was found that **inactivated vaccines… had greater chances of causing adverse events when compared to attenuated vaccines** (Table 4)."

"**The presence of aluminum as an adjuvant in inactivated vaccines predisposes the immunized individual to more significant local adverse events**, such as hyperemia, edema, and pain at the application local, **besides increasing the adverse events' risk with subsequent doses**, **related to immune complex deposition**. It is also noticeable that flaws in the vaccines preservation, such as exposure to low temperatures, may result in the inactivation of the aluminum adjuvant, by freezing. **In this case, the efficacy of the vaccine may decrease, and the risk of adverse events following immunization, such as sterile abscesses, increase**."

"The limitations of this study were, thus, notably, **the under notification of adverse events** and the quality of the data available at *SI-EAVP*." ***This indicates that the rate of reporting is low, which squares with the aforementioned U.S. reporting rates of less than 1%. Therefore, the percentage of individuals suffering adverse events after vaccination is actually much higher than was reported***.

Another important consideration is that the study **tracked only the adverse reactions post vaccination**. These would be the things that are commonly associated post-vaccination. In other words, **it did not track the development of other illnesses that this manuscript demonstrates have strong connections to vaccines. These would be things like allergies, asthma, autoimmunity, neurological developmental delays and learning disabilities, just to name a few**.

## Studies are loaded with evidence of vaccine adverse event data. 34,189 studies came up on a recent PubMed search for VACCINE ADVERSE EFFECTS

A 07-31-19 search for **vaccine adverse effects** on the world's largest database of peer-reviewed literature Pubmed **revealed 34,189 articles discussing reactions to vaccines.**
A 08-15-18 search for **vaccine adverse effects**, **revealed 32,930 articles**.
When I ran the search on 06-29-15, there were 28,753 articles. The most recent amount represents 5,436 additional articles posted in 4 years. If there was nothing there with regard to reactions to vaccines, why are there tens of thousands of scientific peer-reviewed journal articles discussing "nothing".

Additionally, the ***Institute of Medicine of the National Academy of Sciences*** in Washington D.C., has published a book in 2012 called the **Adverse Effects of Vaccines**. In Chapter 4 (a chapter about the MMR vaccine), it lists 29 possible serious adverse effects from the MMR vaccine alone.

**The irony and tragedy is, that many families have proven vaccine injury causing various severe and debilitating conditions in court, yet many of those conditions are still not required to be listed on vaccine package inserts or as informed consent given to parents before their child is vaccinated.**

## Reports regarding pre-VAERS monitoring also suggest that adverse events after vaccination were dramatically under-reported

The following is an excerpt from **Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality***,* a publication produced by the ***National Academies Press*** a division of the ***National Academy of Sciences. "This report comprises the deliberations and conclusions of that committee, the Vaccine Safety Committee",*** which is a ***Division of Health Promotion and Disease Prevention*** at the ***INSTITUTE OF MEDICINE***

**The introduction of the book contains the following:**

NOTICE: The project that is the subject of this report was approved by the Governing Board of the National Research Council, whose members are drawn from the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the committee responsible for the report were chosen for their special competences and with regard for appropriate balance. This report has been reviewed by a group other than the authors according to procedures approved by a Report Review Committee consisting of members of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine.

***Page 328- James Froeschle, Connaught Laboratories, Swiftwater, Pennsylvania*** discusses the percentage of adverse events that were reported through their internal system prior to the VAERS.

"Dr. Froeschle gave information about adverse events following diphtheria and tetanus toxoids (DT) that had been reported to Connaught. From a comparison of spontaneous reports with postmarketing surveillance data, **the company estimates about a 50-fold underreporting of adverse events in the passive reporting system**. **The distribution of types of events, however, was found to be approximately the same**; in both cases, the majority of reported events were local reactions or fever. The company has seen a marked decrease in adverse event reports since the inception of VAERS late in 1991, because physicians are now requested to send reports directly to the VAERS contractor."

**As an aside, in my opinion this statement from the report communicates the honest truth, that at least at that time the answers to the questions of causality were not easily answered…**

"As this report describes in detail, it was possible with some of the vaccine adverse event pairs to reach a conclusion one way or the other—either that the evidence favored rejection (category 3) or that the evidence weighed more or less heavily for acceptance (categories 4 and 5) of a causal relation (see Chapter 2 for explanations of the five categories). With the majority of vaccine adverse event pairs the evidence was considered inadequate to accept or reject causality. In some instances, the relation has not been well studied and the data are scarce; in others, the data are abundant but the evidence, on the whole, was not conclusive. Category 2 does not distinguish between these two situations, since the conclusion is the same. It could be argued in these cases that since the body of available evidence did not support causality, a causal relation does not exist. It could also be argued that in the absence of evidence favoring rejection of causality, it is possible that the vaccine could cause the adverse event. Both of these interpretations are possible. The committee regrets that this uncertainty may not make it easier to resolve litigation centered on individual instances of putative causality. However, the stringency of our charge precluded statements beyond what the evidence allowed. **Concern about this unfortunate condition of uncertainty has led the committee to urge that more definitive research be done on possible adverse events during the development of new vaccines or vaccine combinations and to urge that efforts to sharpen current postmarketing surveillance systems be accelerated**." (Emphasis mine)

With regard to the bold underlined text, the big question is, has that been accomplished? As the evidence in this eBook suggests, the answer is no. Giving the vaccine industry complete immunity from responsibility to produce safe vaccines and to conduct their safety studies far less rigorously than FDA approved drugs has led to the continuance poor scientific methods in development, safety studies and

post-marketing surveillance of vaccines. The content of this eBook gives dozens if not hundreds of examples of that.

# Vaccine safety testing is far less rigorous than other FDA approved drugs

## Vaccine package inserts reveal how limited vaccine safety testing is compared to all other drugs on the market

### Vaccine reactions are only monitored for 5 days

The following is directly from **the Hepatitis B Vaccine package insert.**

https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM110114.pdf

6. ADVERSE REACTIONS

In healthy infants and children (up to 10 years of age), the most frequently reported systemic adverse reactions (>1% injections), in decreasing order of frequency, were irritability, fever, diarrhea, fatigue/weakness, diminished appetite, and rhinitis. In healthy adults, injection site reactions and systemic adverse reactions were reported following 17% and 15% of the injections, respectively.

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.

**In three clinical studies, 434 doses of RECOMBIVAX HB, 5 mcg, were administered to 147 healthy infants and children (up to 10 years of age) who were monitored for 5 days after each dose.** Injection site reactions and systemic adverse reactions were reported following 0.2% and 10.4% of the injections, respectively. The most frequently reported systemic adverse reactions (>1% injections), in decreasing order of frequency, were irritability, fever (≥ 101°F oral equivalent), diarrhea, fatigue/weakness, diminished appetite, and rhinitis.

**In a study that compared the three-dose regimen (5 mcg) with the two-dose regimen (10 mcg) of RECOMBIVAX HB in adolescents, the overall frequency of adverse reactions was generally similar. In a group of studies, 3258 doses of RECOMBIVAX HB, 10 mcg, were administered to 1252 healthy adults who were monitored for 5 days after each dose.** Injection site reactions and systemic adverse reactions were reported following 17% and 15% of the injections, respectively.

6.2 Post-Marketing Experience

**The following additional adverse reactions have been reported with use of the marketed vaccine. Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to a vaccine exposure.** ***(Essentially, they are saying "we have done no long-term studies or follow-up with persons injected with this vaccine").***

**Immune System Disorders-** Hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria have been reported within the first few hours after vaccination.

An apparent **hypersensitivity syndrome** (serum-sickness-like) of delayed onset has been reported days to weeks after vaccination, including: arthralgia/arthritis (usually transient), fever, and dermatologic reactions such as urticaria, erythema multiforme, ecchymoses and erythema nodosum [see Warnings and Precautions (5.1)].

**Autoimmune diseases-** including systemic lupus erythematosus (SLE), lupus-like syndrome, vasculitis, and polyarteritis nodose have also been reported.

**Gastrointestinal Disorders-** Elevation of liver enzymes; constipation

**Nervous System Disorders-** Guillain-Barré syndrome; multiple sclerosis; exacerbation of multiple sclerosis; myelitis including transverse myelitis; seizure; febrile seizure; peripheral neuropathy including Bell's Palsy; radiculopathy; herpes zoster; migraine; muscle weakness; hypesthesia; encephalitis

**Skin and Subcutaneous Disorders-** Stevens-Johnson syndrome; alopecia; petechiae; eczema

**Musculoskeletal and Connective Tissue Disorders**- Arthritis, Pain in extremity

**Blood and Lymphatic System Disorders-** Increased erythrocyte sedimentation rate; thrombocytopenia

**Psychiatric Disorders-** Irritability; agitation; somnolence

**Eye Disorders-** Optic neuritis; tinnitus; conjunctivitis; visual disturbances; uveitis

**Cardiac Disorders-** Syncope; tachycardia

# Vaccines are often released without adequate long-term trials

**The following is an example of public exposure to an unsafe vaccine that was released without adequate pre-release trials and then removed after severe adverse reactions were reported.**

## Rotavirus vaccine and increased rates of intussusception (one section of bowel telescopes into another causing a blockage)

This 2004 article titled **Suspension of Rotavirus Vaccine After Reports of Intussusception ---United States, 1999** and published on the CDC website, chronicles the introduction and subsequent removal of the licensed rhesus-human rotavirus reassortant-tetravalent vaccine (RRV-TV) RotaShield. Note: "rhesus" is the type of monkey, from which the virus was extracted and then cultured in monkey kidney tissue. This article has a graphic showing the correlation between the introduction of the new vaccine and cases of infant intussusception (i.e., a bowel obstruction in which one segment of bowel becomes enfolded within another segment) among infants who received RRV-TV shortly after the shots. **There is a telling graphic in this article which shows that once the shots were discontinued (July 17, 1999 after 9 months on the market), all of the cases of intussusception immediately ceased.**
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5334a3.htm

Not only did that rotavirus vaccine cause serious and even life-threatening complications in some children, it also caused other gastrointestinal problems. A study published in the Journal ***Pediatrics*** in 2004, and titled **An analysis of rotavirus vaccine reports to the vaccine adverse event (VAERS) reporting system: more than intussusception alone?**
https://www.ncbi.nlm.nih.gov/pubmed/?term=15060267

Researchers looked at the adverse events caused by the rhesus-human rotavirus reassortant-tetravalent vaccine. **Keeping in mind, that it is commonly reported that less than 1% of adverse reactions are reported to the VAERS database, this is what they found:**

**RESULTS: "**Even after excluding intussusception cases, a higher proportion of RRV-TV reports than non-RRV-TV reports included fever and various gastrointestinal symptoms, most notably bloody stool but also vomiting, diarrhea, abdominal pain, gastroenteritis, abnormal stool, and dehydration. Distribution of RRV-TV reports by clinical groups was as follows: diagnosed intussusception (109 [24%], suspected intussusception (36 [8%]), and illness consistent with gastroenteritis or intussusception (33 [7%]), gastroenteritis (101 [22%]), other gastrointestinal diagnoses (10 [2%]), and non-gastrointestinal outcomes (159 [35%]). The median time interval between vaccination and illness onset decreased incrementally among the first 4 clinical groups: from 7 days for diagnosed intussusceptions to 3 days for gastroenteritis."

**Even studies like this showing significant adverse reactions have one major shortfall, they are only looking at short-term onset reactions**. **Development of long-term disease and illness from gastrointestinal insults have become extremely common in our society**. Conditions like Crohn's disease, ulcerative colitis, diverticulitis, intestinal permeability, intestinal inflammation and chronic dysbiosis (a proliferation of unhealthy organisms over healthy organisms in the gut). Since scientists now call the gut the second brain, conditions such as these that negatively impact the G.I. tract have far-reaching implications for neurological and neurodegenerative disorders. Not only that, but approximately 70% of the body's immune system resides in the gut associated lymphoid tissue (GALT). Dysbiosis and chronic inflammatory changes to the intestinal lining contribute to an increase in pro-inflammatory cytokines which contribute to allergic conditions, weakened immunocompetence and autoimmune conditions. **One has to ask the question, how much of the astounding rise in the incidence of these disorders over the last 30 years might be attributed to long-term effects of vaccines?**

## Two Rotavirus vaccines are still on the market despite increased intussusception rates and contamination with 2 pig circoviruses

According to a report on the ***Children's Health Defense*** web site, a significant post marketing rate of intussusception has not caused the recall of the vaccines.
https://childrenshealthdefense.org/news/vaccine-rhetoric-vs-reality-keeping-vaccinations-unflattering-track-record-secret/

**From the article:**
"**Two new genetically engineered oral rotavirus vaccines entered the vaccine marketplace in 2006 and 2008, respectively: RotaTeq, a pentavalent (five-strain) bovine-human reassortant rotavirus vaccine made by Merck, and Rotarix, a live-attenuated single-human-strain rotavirus vaccine manufactured by GlaxoSmithKline (GSK).** Although pre-licensure trials found no evidence of an association between the two vaccines and intussusception, **post-licensure monitoring later indicated a statistically significant increased risk of intussusception events for all rotavirus vaccines**. Unlike with RotaShield, FDA merely instructed Merck, in 2013, and GSK, in 2014, to update their labeling and prescribing information to include brief statements about increased intussusception risks but **otherwise allowed the two vaccines to remain on the market**." https://www.ncbi.nlm.nih.gov/pubmed/28648544

**Another problematic issue discovered:**
"Meanwhile, the much-vaunted industry and governmental safety systems that ushered the two rotavirus vaccines to market **failed to detect an additional and highly concerning problem, which an academic research team "unexpectedly" identified in 2010. While conducting "a novel, highly sensitive analysis not routinely used for adventitious agent screening," the researchers discovered that RotaTeq and Rotarix were contaminated with DNA from two porcine circoviruses—PCV1 (in Rotarix) and both PCV1 and PCV2 (in RotaTeq). Both GSK and Merck later confirmed these findings. The PCV2 pathogen is associated with severe wasting and immunodeficiency in pigs**."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981850/
https://www.ncbi.nlm.nih.gov/pubmed/24056737

"Although the short- and long-term dangers from PCV1 and PCV2 are as yet unknown, **the pioneers of genetic engineering foresaw horizontal gene transfer—the direct uptake and incorporation of genetic material from unrelated species—as a clear risk of genetically engineered vaccines**. **Unlike chemical pollutants, nucleic acids are infectious and can invade cells and genomes, multiplying, mutating and recombining indefinitely. Potential hazards of horizontal gene transfer include generation of new disease-causing viruses and bacteria (or reactivation of dormant viruses); spread of drug and antibiotic resistance genes among viral and bacterial pathogens; and random insertion into genomes of cells resulting in cancer**."

My question is, if an increased risk of intussusception and the contamination of the DNA from the porcine (pig) circoviruses would have disqualified the vaccine from getting to market, why shouldn't it be removed now? Keeping it on the market with the unknown health consequences is little more than

an ongoing human experiment with unknowing participants. Once again, this smacks of a true violation of the Nuremberg Code.

**This next study is one of those mentioned in the previous report.**

## Post-licensure studies of the currently available second-generation rotavirus vaccines (Rotateq (RV5) and Rotarix (RV1), reveal a similar risk of life threatening bowel intussusception that caused removal of the first rotavirus vaccines

A 2017 article in the journal ***Vaccine*** titled, **Risk of intussusception following rotavirus vaccination: An evidence based meta-analysis of cohort and case-control studies**, looked at 11 total studies in a meta-analysis and found a significant relationship especially on the first dose of the vaccine. https://www.ncbi.nlm.nih.gov/pubmed/28648544

**The data found that the risk of intussusception after the first dose was increased 3.7 times in the studies using cohort data and increased 8.45 times in the case-control data studies (that's over an 800% increase!).**

**From the abstract:**
**Findings of this meta-analysis suggest that the rotavirus vaccine is associated with an increased risk on the development of intussusception, principally seen after administration of the first dose of vaccine.**

Why are these vaccines still on the market? If you recall the studies from a couple of pages ago, that addressed the issues with the first Rotavirus vaccine and its removal from the market, they found that **the vaccine also caused a whole host of gastrointestinal problems** other than just the intussusception issue covered by this study. **Those included fever and various gastrointestinal symptoms, most notably bloody stool but also vomiting, diarrhea, abdominal pain, gastroenteritis, abnormal stool, and dehydration. What other complications is this vaccine causing also?**

## Typical drug trials follow participants for years rather than days

**Lipitor**, used for high cholesterol is one of the most widely prescribed drugs in the world. How long did they follow participants in the clinical trials? These are four studies listed on the Lipitor package insert.

***Collaborative Atorvastatin Diabetes Study (CARDS)*** In CARDS [see Clinical Studies (14.1) ] involving 2,838 subjects (age range 39–77 years, 32% women; 94.3% Caucasians, 2.4% South Asians, 2.3% Afro-Caribbean, 1.0% other) with type 2 diabetes treated with LIPITOR 10 mg daily (n=1,428) or placebo (n=1,410), there was no difference in the overall frequency of adverse reactions or serious adverse reactions between the treatment groups **during a median follow-up of 3.9 years**. No cases of rhabdomyolysis were reported.

***Treating to New Targets Study (TNT)***

In TNT [see Clinical Studies (14.1) ] involving 10,001 subjects (age range 29–78 years, 19% women; 94.1% Caucasians, 2.9% Blacks, 1.0% Asians, 2.0% other) with clinically evident CHD treated with LIPITOR 10 mg daily (n=5006) or LIPITOR 80 mg daily (n=4995), there were more serious adverse reactions and discontinuations due to adverse reactions in the high-dose atorvastatin group (92, 1.8%; 497, 9.9%, respectively) as compared to the low-dose group (69, 1.4%; 404, 8.1%, respectively) **during a median follow-up of 4.9 years**. Persistent transaminase elevations (≥3 x ULN twice within 4–10 days) occurred in 62 (1.3%) individuals with atorvastatin 80 mg and in nine (0.2%) individuals with atorvastatin 10 mg. Elevations of CK (≥10 x ULN) were low overall, but were higher in the high-dose atorvastatin treatment group (13, 0.3%) compared to the low-dose atorvastatin group (6, 0.1%).

***Incremental Decrease in Endpoints through Aggressive Lipid Lowering Study (IDEAL)***

In IDEAL [see Clinical Studies (14.1)] involving 8,888 subjects (age range 26–80 years, 19% women; 99.3% Caucasians, 0.4% Asians, 0.3% Blacks, 0.04% other) treated with LIPITOR 80 mg/day (n=4439) or simvastatin 20–40 mg daily (n=4449), there was no difference in the overall frequency of adverse reactions or serious adverse reactions between the treatment groups **during a median follow-up of 4.8 years.**

***Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL)***

In SPARCL involving 4731 subjects (age range 21–92 years, 40% women; 93.3% Caucasians, 3.0% Blacks, 0.6% Asians, 3.1% other) without clinically evident CHD but with a stroke or transient ischemic attack (TIA) within the previous 6 months treated with LIPITOR 80 mg (n=2365) or placebo (n=2366) **for a median follow-up of 4.9 years**, there was a higher incidence of persistent hepatic transaminase elevations (≥3 x ULN twice within 4–10 days) in the atorvastatin group (0.9%) compared to placebo (0.1%). Elevations of CK (>10 x ULN) were rare, but were higher in the atorvastatin group (0.1%) compared to placebo (0.0%). Diabetes was reported as an adverse reaction in 144 subjects (6.1%) in the atorvastatin group and 89 subjects (3.8%) in the placebo group [see Warnings and Precautions (5.5)]

This 5-year follow-up is typical of pharmaceutical trials. So why don't these drug companies that make many of these other drugs and follow the subjects for years do the same follow-up time with vaccines? The answer is obvious. Because they know that they will not like what they see. So instead, they just omit good scientific scrutiny so that they can continue to market their product without any liability or consequences.

## A disgusting example of how the failed Rotavirus vaccine was produced

According to an article on the CDC site from March 1999, Titled, **Rotavirus Vaccine for the Prevention of Rotavirus Gastroenteritis Among Children Recommendations of the Advisory Committee on Immunization Practices (ACIP)** describes the shocking way that the virus was acquired and used to make

a human vaccine…."The parent rhesus rotavirus strain MMU 18006 was isolated from a rhesus monkey with diarrhea at the California Regional Primate Center in Davis and was passed nine times in monkey kidney cells and seven times in normal fetal rhesus diploid cells (FRhL-2) cells. The vaccine virus strains are grown in FRhL-2 cells." Source: https://www.cdc.gov/mmwr/preview/mmwrhtml/00056669.htm

This is yet another good example of vaccines that were brought to market before sufficient safety testing was done to ensure the protection of the children it was administered to. Once you add all of the accounts of studies reporting vaccine adverse events I have already shared and will continue to share in this paper, one can only conclude that it is obvious that mankind is an unknowing party to massive human experimentation.

## The CDC's website admits the limitations on their knowledge of vaccine reactions, deficiencies in studies and inadequate reporting systems

**Copied directly from** https://www.cdc.gov/vaccinesafety/ensuringsafety/history/index.html

The NCVIA established a committee from the Institute of Medicine (IOM) to review the literature on vaccine reactions. This group concluded that there are limitations in our knowledge of the risks associated with vaccines. The group looked at 76 health problems to see if they were caused by vaccines. Of those, 50 (66%) had no or inadequate research to form a conclusion. [6, 7] Specifically, the IOM identified the following problems:

1. Limited understanding of biological processes that underlie adverse events.
2. Incomplete and inconsistent information from individual reports.
3. Poorly constructed research studies (not enough people enrolled for the period of time).
4. Inadequate systems to track vaccine side effects.
5. Few experimental studies were published in the medical literature.

## Become your own researcher. Here is how you can be update daily or weekly on any new studies released on *PubMed.com* related to vaccines, vaccine advances and/or their harmful effects

I would like as many people as possible to stay current with the all the science that is coming out on vaccines from the published literature. This can create an army of people as Watchdogs, who can stay abreast on the latest in vaccine related science.

The process I am about to describe will help you to do just that. The highlights and links to each article will be delivered right to your inbox as soon as they are accepted on PubMed. That way you can see for yourselves what is happening in the world of vaccine research.

Here is how you do it!

**Register for an NCBI account:**
NCBI stands for the National Center for Biotechnology Information. The National Center for Biotechnology Information (NCBI) is part of the United States National Library of Medicine (NLM), a branch of the National Institutes of Health (NIH). PubMed is the searchable database containing more than 3 million articles.

- Go to www.pubmed.com
- In the upper right it says…Sign in to NCBI. Click on that.
- On the page that opens, on the left side of the page under where someone with an account would sign in, click on Register for an NCBI account.
- Complete registration by filling out your information.
- Click on the link to the main site landing page.

**Now to search a topic and then assign your search criteria for your saved search**

- Put in the key words that you would like to stay updated on. Examples may include vaccine adverse effects, aluminum and vaccines, mercury and vaccines, MMR vaccine, vaccine adjuvants, autism and vaccines, learning disabilities and vaccines, etc. When you click on the ***Search*** button to the right, the list the database contains that match that search criteria will come up. You can see the total number that match your search criteria. At the top you can see how it is sorted and change that if you would like. ***Best match*** is the default. You can change it to publication date, author, etc.
- **Now, to create your alert….**
    - Directly below the window you typed your key words into, you will see a link that says ***create alert***. Click on that.
    - Choose how often you want to receive the emails with the article links
    - ***Format-*** I typically select either the Abstract or the Summary
    - ***Number of items-*** What is the maximum number of article abstracts or summaries do you want to receive at a time?

There you have it! You are now officially a research consumer. No matter on which side of this topic you reside, you will see both perspectives. Through my regular updates, I have discovered that scientists are working on different types of adjuvants for vaccines. This may be a step in the right direction, as long as the heavy metals and other immune stimulators aren't replaced with something as potentially harmful.

# OUR GOVERNMENT (WE THE PEOPLE), BAILED OUT THE VACCINE INDUSTRY

## The National Childhood Vaccine Injury Act of 1986 protects vaccine manufacturers from lawsuits

**In the mid-1980s, the vaccine industry was facing the threat of bankruptcy, because of the large number of lawsuits brought by and won by vaccine injured individuals. So, rather that requiring the industry clean up their act, Uncle Sam decided to require the complaints come before a special magistrate and the government defended against those complaints with government attorneys. Severe limits to awards were imposed and the complainants are required to prove their case, WITHOUT the ability to subpoena records like they would in any other legal proceeding. Despite the cards being stacked against families of vaccine injured children, the "Vaccine Court" has awarded over 4 BILLION DOLLARS to date!**

The ***National Childhood Vaccine Injury Act of 1986*** (NCVIA or Act) created a no-fault compensation program to stabilize a vaccine market adversely affected by an increase in vaccine-related tort litigation. This absolved vaccine manufacturers from all liability and shielded them from lawsuits by families of vaccine injured children.

**From the legislation:** "No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings."

**This was challenged in a 2011 U.S. Supreme Court Case, where parents of a vaccine injured child challenged that protective veil, claiming that the DPT vaccine she received in 1992 caused their daughter's (Hannah Bruesewitz's) permanent brain damage, had a design-defect which led to her injury. Hannah, a normal healthy child, started having seizures within 24 hours after receiving the DPT vaccine and had over 100 in the month following. Today, Hannah still suffers the effects from her injury.**

**In this case, the court upheld that the NCVIA preempts all design-defect claims against vaccine manufacturers brought by plaintiffs seeking compensation for injury or death caused by a vaccine's side effects.**

A note about the Supreme Court opinion and a main underlying reason the judges ruled the way they did, said the following:

"**Respondent notes that there are some 5,000 petitions alleging a causal link between certain vaccines and autism spectrum disorders that are currently pending in an omnibus proceeding in the Court of Federal Claims (Vaccine Court).** Brief for Respondent 56–57. According to respondent, **a ruling that §22(b)(1) does not pre-empt design defect claims could unleash a "crushing wave" of tort litigation that would bankrupt vaccine manufacturers and deplete vaccine supply**. *Id.*, at 28. This concern underlies many of the policy arguments in respondent's brief and appears to underlie the majority and concurring opinions in this case."

Unfortunately, in Hannah's case, there were changes made to the list of compensated injuries just prior to the filing of her claim. According to the petition filed with the Supreme Court by Petition of AMICI CURIAE National Vaccine Information Center, its cofounders and 11 other organizations in support of petitioners…

"Had the Bruesewitz family filed its initial claim one month earlier in 1995, Hannah's residual seizure disorder presumptively would have been compensated. However, in an administrative sleight of hand, HHS removed this presumption from the Vaccine Injury Table in March 1995, forcing Hannah Bruesewitz and similar DPT-injured children to prove causation. 60 Fed. Reg. 7678 (Feb. 8, 1995); see also Andreu v. Secretary of HHS, 569 F.3d 1367, 1374 (2009). Fourteen years of litigation later, Hannah Bruesewitz has yet to receive one penny in federal compensation for vaccine injury." (As of the filing date of September 08, 2009).

**"Furthermore, HHS has not expanded presumptions for recovery, as the 1986 Report recommended**. H.R. Rep. 99-908 at 19-20, reprinted in 1986 U.S.C.C.A.N. at 6360-61. **While the Center for Disease Control has added 46 doses of nine new vaccines for girls (43 doses of eight new vaccines for boys),[3] "no new signs, symptoms or injuries have been added to the Table of Injuries…– except anaphylaxis within four hours for the hepatitis B vaccine."**"

**In the brief written by Justice Antonin Scalia, he disclosed the reason that the National Childhood Vaccine Injury Act was passed. Referring to the significant increase in vaccine suits as a result of vaccine injuries to children, he stated the following…**

"**Much of the concern centered around vaccines against diphtheria, tetanus, and pertussis (DTP)**, which were blamed for children's disabilities and developmental delays. **This led to a massive increase in vaccine-related tort litigation. Whereas between 1978 and 1981 only nine product-liability suits were filed against DTP manufacturers, by the mid-1980's the suits numbered more than 200 each year**. **This destabilized the DTP vaccine market, causing two of the three domestic manufacturers to withdraw; and the remaining manufacturer, Lederle Laboratories, estimated that its potential tort liability exceeded its annual sales by a factor of 200." (That means that the money they would have to pay out in damages, would exceed their sales by 200 times!)! How does that fact speak to the safety of vaccines?**

**Much of the argument in the case, centered on the meaning around language is the Vaccine Injury Act that said vaccines are "unavoidably unsafe".** The fact that congress felt it important to include that language in the bill, says much about the safety (or lack thereof) of vaccines.

**You can read the case and opinions here:**
http://caselaw.findlaw.com/us-supreme-court/09-152.html#FNopinion1.5

With very limited recourse for families with children that have suffered certain vaccine injuries, it is sad that the reason they cannot receive restitution doesn't lie with the fact as to whether they deserve it or not, it is because of the fear by government officials and judges that if they allow them to be fairly compensated, it would **unleash a "crushing wave" of tort litigation that would bankrupt vaccine manufacturers** and deplete the vaccine supply. Again, what does that say about the safety of vaccines? If there are that many families that have vaccine injured children that it would cripple the pharmaceutical companies, **why are we allowing our healthy kids to become sacrificial lambs, to the dogma those same pharmaceutical companies manufacture for the doctors and the media in order to sustain huge profits? It makes no logical sense! But then again, if you have enough money and power you can defy logic, sense, reason, truth and justice.**

## An experiment on humanity

**Since 1986, there are forces within the federal government that have acted to weaken the protections and restitution that families were afforded in the legislation.**

This is an excellent article by Barbara Loe Fisher, the founder and director of the National Vaccine Information Center, that describes these concerted efforts.
http://www.nvic.org/NVIC-Vaccine-News/November-2015/vic-governments-broken-contract-with-parents.aspx

From the article: "The history of the National Childhood Vaccine Injury Act is one that has been marked by a profound betrayal of the public trust by government. At the center of that betrayal are doctors and scientists working for government and with industry, who are so determined to deny vaccine risks and cover up the casualties of one-size-fits-all vaccine policies, that they will throw innocent children under the bus to do it."

Currently, there is a huge cloud of uncertainty and thus controversy over the mass immunization debate. There are many credible scientists that are questioning many different aspects of this "experiment" on humanity. There are so many unanswered and un-tested questions that are being contested through epidemiological results. This essentially means that we are learning as we go. We are finding out based on what we see happening over time to individuals and groups of people that have been vaccinated. We are witnessing trends and observing what the fallout and consequences are from an ever-increasing vaccine schedule. There is, as with everything a "risk vs. reward" equation, but what is eroding is the individual's right to choose for themselves. This is a very slippery slope indeed. There will be more on this later in this document when I discuss Informed Consent.

## No one is policing the vaccine industry

**Lack of oversight on vaccines by Health and Human Services (HHS)-**

The ***National Childhood Vaccine Injury Act of 1986***,… granted economic immunity to pharmaceutical companies for the injuries caused by their vaccines. The responsibility for vaccine safety was therefore placed in the hands of the ***United States Department of Health and Human Services ("HHS")***…, which provided…, **that the Secretary of HHS "shall … make or assure improvements in … the licensing, manufacturing, … adverse reaction reporting, … and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.**"

**HHS was supposed to set up a task force to monitor and report back-**

"To assist the Secretary of HHS in performing these duties, Section 300aa-27(b) directs the Secretary to establish a task force responsible for making recommendations to the Secretary concerning implementation of the requirements of Section 300aa-27(a). **This task force is entitled the "*task force on safer childhood vaccines*."** …**The Director of the *National Institute of Health* (NIH) is the chair of the Task Force, which by statute also includes the *Commissioner of the FDA* and the *Director of the CDC***. To track HHS's fulfillment of these vaccine safety obligations,…, provided that, "**Within 2 years after December 22, 1987, and periodically thereafter, the Secretary [of HHS] shall prepare and transmit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report describing the actions taken pursuant to subsection (a) of this section during the preceding 2-year period."**

Keeping all of that in mind, check out this next section…

## In lieu of the vaccine industry's new liability free business environment and protections, accountability for that was placed in the hands of HHS and they have failed MISERABLY!

As part of the congressional action granting vaccine makers immunity from lawsuit, Health and Human Services (HHS), was charged with oversight of vaccine safety and practices. The HHS Secretary was supposed to submit a "safety" report every two years that would detail that oversight and any violations or recommendations to be made at that time.

The following is a summary published on the website of AIM Integrative Medicine titled, **Why Kennedy Sued the Government Over Vaccine Safety & Won**

"In recent news, the ***Informed Consent Action Network (ICAN) and Robert F. Kennedy Jr.*** sued the United States government and won in an issue regarding vaccine safety. **According to a legal document entitled, "Mandate for Safer Childhood Vaccines," Health and Human Services (HHS) has openly admitted to not having filed any vaccine safety reports in over 30 years**."

"In May 2017, ICAN Founder, Del Bigtree, Robert F. Kennedy, Jr., as well as other parties concerned about vaccine safety were selected by the White House to conduct a meeting with the Counselor to the Secretary of HHS, the heads of the National Institute of Health, NIH, the Center for Disease Control, CDC, and Food and the Drug Administration, FDA. Del Bigtree and Robert F. Kennedy, Jr. suspected that HHS was not fulfilling its critical vaccine safety obligations as required by Congress in ***The National Childhood Vaccine Injury Act of 1986***."

*"The 1986 Act granted unprecedented, economic immunity to pharmaceutical companies for injuries caused by their products and eviscerated economic incentive for them to manufacture safe vaccine products or improve the safety of existing vaccine products. Congress therefore charged the Secretary of HHS with the explicit responsibility to assure vaccine safety.*

*Hence, since 1986, HHS has had the primary and virtually sole responsibility to make and assure improvements in the licensing, manufacturing, adverse reaction reporting, research, safety and efficacy testing of vaccines in order to reduce the risk of adverse vaccine reactions. In order to assure HHS meets its vaccine safety obligations, Congress required as part of the 1986 Act that the Secretary of HHS submit a biennial reports to Congress detailing the improvements in vaccine safety made by HHS in the preceding two years."*

"In an effort to gain access to these safety reports, ICAN filed a Freedom of Information Act request In August of 2017 to the HHS only to be blocked from receiving information for over eight months. Do to this delay, ICAN and Kennedy were forced to bring a lawsuit against HHS to provide copies of these reports to Congress or to admit that they never actually filed these reports."

*"The result of the lawsuit is that HHS had to finally and shockingly admit that it never, not even once, submitted a single biennial report to Congress detailing the improvements in vaccine safety. This speaks volumes to the seriousness by which vaccine safety is treated at HHS and heightens the concern that HHS doesn't have a clue as to the actual safety profile of the now 29 doses, and growing, of vaccines given by one year of age."*

https://www.aimintegrativemedicine.com/aim-integrative-medicine-blog/why-kennedy-sued-the-government-over-vaccine-safety-won

**According to ICAN (document link to follow)**

"The result of the lawsuit is that HHS had to finally and shockingly admit that it never, not even once, submitted a single biennial report to Congress detailing the improvements in vaccine safety. This speaks volumes to the seriousness by which vaccine safety is treated at HHS and heightens the concern that HHS doesn't have a clue as to the actual safety profile of the now 29 doses, and growing, of vaccines given by one year of age."

"In contrast, HHS takes the other portions of the 1986 Act, which require promoting vaccine uptake, very seriously, spending billions annually and generating a steady stream of reports on how to improve vaccine uptake. Regrettably, HHS has chosen to focus on its obligation to increase vaccine uptake and defend against any claim vaccines cause harm in the National Injury Vaccine Compensation Program (aka, the Vaccine Court) to such a degree that it has abandoned its vaccine safety responsibilities.

If HHS is not, as confirmed in Court this week, even fulfilling the simple task of filing a biennial report on vaccine safety improvements, there is little hope that HHS is actually tackling the much harder job of actually improving vaccine safety."

The court filing and ICAN summary of events can be found here:
http://icandecide.org/government/ICAN-HHS-Stipulated-Order-July-2018.pdf

In light of those shocking revelations and considering that the FDA was charged as one of the entities to oversee and report on vaccine safety to the congress every two years, this statement from the FDA website is incongruent with what has happened… "The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products."
https://www.fda.gov/news-events/press-announcements/fda-approves-first-cancer-treatment-any-solid-tumor-specific-genetic-feature

## Delitigation of the vaccine industry has opened the door for major neglect of product safety

In a 78-page article dated March 30, 2019 by ***Gayle Delong*** and published on ***Research Gate*** titled, **Is "Delitigation" Associated with a Change in Product Safety? The Case of Vaccines**, the author uses very sophisticated analysis of the adverse events from vaccines before congress passed the National Childhood Vaccine Injury Act (NCVIA) in 1986.
https://www.researchgate.net/publication/317990404_Is_Delitigation_Associated_with_a_Change_in_Product_Safety_The_Case_of_Vaccines/link/5c9f5af145851506d734943d/download

The NCVIA shielded vaccine manufacturers from lawsuits for damages caused by their vaccines. What the results show is not surprising to many. Once the threat of being held accountable is removed, manufacturers can become complacent, take greater chances with pushing products out into the market without adequate safety trials and stop looking for safer ways of doing things. The vaccine industry has shown the propensity to do all of these and more. In light of the previous article, it is apparent that the agencies that have been entrusted by "We the People" through the legislative branch, have failed miserably to provide oversight to an industry that has zero incentives to police themselves.

**The Abstract:**
"This study investigates whether the threat of litigation induces firms to provide safer products in a regulated industry. I analyze whether removing litigation risk or "delitigation" of product liability is associated with a change in the safety of vaccines. Using U.S. nationwide and state-level data, **I find that vaccines that were licensed after legislation that preempted most product liability lawsuits are associated with a significantly higher incidence of adverse events than were vaccines that were licensed under a previous regime that permitted consumers to sue.** Oaxaca decomposition suggests that the difference is due to the policy change. **The results**

**suggest that product safety deteriorates when consumers are no longer able to sue manufacturers**."

**From the study:**
"This study shows that vaccine safety deteriorates after consumers are not able to sue vaccine manufacturers. The ratios of reported adverse events (AEs)1 to vaccine recipient or AEs to vaccine dose are greater on average for the vaccines that the U.S. Food and Drug Administration (FDA) licensed after legislation that preempted product safety lawsuits than before the legislation. Oaxaca decomposition of state-level data **confirms the result that the vaccines that the FDA licensed after the legislation are associated with more AEs: both serious and nonserious**."

"The decrease in safety may be partially due to the expanded array of vaccines that the legislation allowed. Pharmaceutical companies developed some vaccines that they otherwise would not have developed had consumers retained the right to sue. **The risks from newer vaccines may outweigh the benefits: The likelihood of reporting a serious side effect from a vaccine reaction is greater than of suffering a serious complication from the disease in the five years before the FDA licensed the vaccine**."

"**For many vaccines, the CDC recommends more than one shot, so I include the number of shots to complete a series in the analysis. In rows 16 through 21 of Table 2, I show AEs per series. The difference between the weighted AEs per 100,000 series before and after the legislation (row 18) is 26.9 and statistically significant (p-value = 0.0000). Comparing AEs per dose ratios of vaccines that were licensed after 1995 with those of vaccines that were licensed before the legislation yield a statistically significant increase of 15.7 (row 21).**"

"Analysis of serious AEs per dose and per series, which I report in rows 31 through 42 of Table 2, **show that the pre- and post-legislative differences are statistically significant at either the 1% or 5% levels**."

**It also cites a quote by Dr. Jonas Salk…**

*"I have two serious concerns with regard to … legislation [that indemnifies producers of biologics]:*
*- One is the removal of the incentive for manufacturers and the scientific community to improve existing vaccines – for example, the pertussis component of the DPT vaccine.*
*- The other is the removal of the incentive to change policy when equally effective but safer vaccines already exist, for example, poliomyelitis vaccine."*

*Dr. Jonas Salk (1984)*

Many are calling for the repeal of the NCVIA, feeling that vaccine manufacturers that have enjoyed an extremely lucrative business model, should be required to stand on their own claims that they make "safe and effective" vaccines. If they do, great. They can continue to enjoy record profits for themselves and their shareholders. But if they don't, they should be held accountable just like for any other drug on the market, or any other product produced for consumer use for that matter.

# Informed Consent – Sorely lacking for Vaccines

Not only is our government not properly monitoring the safety of vaccines as required by law, individuals and parents of children who receive vaccines are denied a fundamental right of full informed consent, including all potential risks BEFORE shots are given.

## Parents denied the standard medical Informed Consent for their children

### What is Informed Consent?

The hallmark of modern medicine is **Informed Consent**. It is ethically mandatory that doctors give patients the right to choose whether to comply with recommended treatment based on full disclosure of the risks and benefits of every procedure, EXCEPT FOR VACCINATION!

**"For an informed consent to be considered ethically valid, there must be full disclosure.** This entails that the potential participant must be thoroughly informed as to the purpose of the research, the procedures to be used, the benefits to the participant, if any, **and the potential risks and discomforts** of participating in the research. Any deception jeopardizes the integrity of the informed consent process. There should also be assurances of confidentiality or anonymity of the participant. **The participant's consent to participate in the research must also be voluntary and free of any coercion. It is vital that the participant understand what has been explained and be given the opportunity to ask questions.** It is also necessary that the participant be competent to give consent. In the absence of competency, a legally approved advocate may provide consent. Participation in the research study should be authorized, preferably in writing. Everything should be clearly stated in an informed consent document, written in an easily understood format that avoids or explains technical terms, and whom to contact with further questions: http://depts.washington.edu/bioethx/topics/resrch.html#ques1."
***Obviously, the mass immunization experiment, or research project is not declared as such, even though the reality is that it is just that. Therefore, parents representing their children and older individuals are never informed that they are part of a massive human experiment as the Nuremberg Code declares must happen.***

The Nuremberg Code cites that "The voluntary consent of the human subject is absolutely essential" This is being violated by denying parents informed consent regarding risks before subjecting their children to vaccination.

According to **The Ethical Considerations of Medical Experimentation on Human Subjects** by Manny Bekier, M.S., published November 18, 2010 (see reference… http://www.qcc.cuny.edu/SocialSciences/ppecorino/MEDICAL_ETHICS_TEXT/Chapter_7_Human_Experimentation/Reading-Nazi-experimentation.htm ). *Italicized comments are added by me.*

"The Nuremberg Code of 1947 came into being as a result of the heinous human experimentation performed by the Nazi doctors in the many concentration camps throughout the German Third Reich.

The judgment by the war crimes tribunal, as a result of the "Doctors Trial" at Nuremberg, established 10 principles to guide physicians in all human experimentation: http://www.cirp.org/library/ethics/nuremberg/.

Prior to the Nazi war crimes tribunal, there was no written international code for doctors. Lawyers defending the Nazi doctors pointed to events in the U.S., attempting to argue, for example, that similar wartime experiments were conducted with prisoners at the Illinois State Penitentiary, who allegedly, deliberately infected prisoners with malaria http://www.whale.to/a/cantwell9.html. "

"The experience of the Nazi medical experiments performed in the concentration camps has made it painfully aware that medical experiments on human beings need to conform to well-defined ethical standards and should supersede the justification that such experiments may yield results for the "greater good of society" that might not be obtained by other methods or means of study. *(This is the argument that many make today about vaccination. They insinuate that the collateral damage that occurs to the few is acceptable because of the benefits to the many).* **The first principle of the Nuremberg Code clearly states, "The voluntary consent of the human subject is absolutely essential".** This is followed by an explicit clarification of all the associated requirements, making it extremely difficult for research principle investigators to twist it's meaning: http://www.ushmm.org/research/doctors/Nuremberg_Code.htm"

## More about informed consent and a call for pediatricians to give proper, legal and ethical informed consent to parents-

Informed consent is the process whereby a healthcare provider discloses the risks of a recommended procedure in writing, to a patient prior to administration of that procedure. This is something that is required with all medical procedures. I have always provided informed consent prior to treatment with my patients. Failure to do so, can open the physician up to a malpractice claim in the event of any adverse reactions to the treatment. These are some comments from an excellent article on informed consent from the Journal of ***Cutaneous Anesthetic Surgery***
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2840885/

**Ethical angle: "**Patient's has all the freedom to decide what should or should not happen to his/her body and to gather information before undergoing a test/procedure/surgery. No one else has the right to coerce the patient to act in a particular way. Even a doctor can only act as a facilitator in patient's decision making."

**Legal angle: "**No one has the right to even touch, let alone treat another person. Any such act, done without permission, is classified as "battery" - physical assault and is punishable. Hence, obtaining consent is a must for anything other than a routine physical examination."

**Disclosure of Information:**
"The information disclosed should include:

- The condition/disorder/disease that the patient is having/suffering from
- Necessity for further testing

- Natural course of the condition and possible complications
- Consequences of non-treatment
- Treatment options available
- Potential risks and benefits of treatment options
- Duration and approximate cost of treatment
- Expected outcome
- Follow-up required

Patient should be given opportunity to ask questions and clarify all doubts. There must not be any kind of coercion. Consent must be voluntary and patient should have the freedom to revoke the consent. Consent given under fear of injury/intimidation, misconception or misrepresentation of facts can be held invalid."

And finally, the **Conclusion:** "Obtaining consent is not only an ethical obligation, but also a legal compulsion. The level of disclosure has to be case-specific."

The underlined sections were added by me, to underscore what commonly happens or does not happen in a pediatric office visit related to immunization. It is commonplace for physicians to magnify the claimed benefits of the immunization and minimize the potential risks. I have personally heard numerous stories from my own patients, about doctors belittling them for asking questions about potential risks, even to the point of intimidation or threat of expulsion from the practice. This is not only wrong practice, but it violates the ethical and legal obligations of a physician to their patient.

**This is one of the biggest bones of contention that I have with the whole immunization process. It is extremely rare that a doctor gives full informed consent to a parent regarding the potential risks of the vaccination of their child. Because the doctor and pharmaceutical company have a blanket protection from lawsuit due to the National Childhood Vaccine Injury Act, they feel empowered to omit vital information that the patient has a legal right to. This flies in the face not only of a physician's obligation to their patient, but in all measures of decency is truly the right thing to do. There is a growing movement by ethical pediatricians in this country to promote proper informed consent to parents bringing their children for immunization. I strongly applaud this movement and recommend that all parents should seek out pediatricians that are willing to do the right thing. For more information about this movement visit** https://physiciansforinformedconsent.org/

## Vaccine Information Statements (VIS), have been required to be given to vaccine recipients for many years…BUT AREN'T routinely given

Not to be confused with informed consent (although it is similar), the Vaccine Information Statements (VIS) are required to be produced by the CDC according to the National Childhood Vaccine Act of 1986. https://www.cdc.gov/vaccines/hcp/vis/vis-dates.html

The information sheets detailing the benefits AND RISKS of vaccines, are and have been required to be given out FOR EACH VACCINE a medical provider administers since 1986. The original materials were pamphlets and statements prior to the VIS. Has anyone reading this ever been given one of these to read prior to the administration of a vaccine, or every vaccine to yourself or your child? Since

discovering this, I have asked numerous people and not one of them had ever received any of this information, much less full informed consent.

If you look at **the table on the following page**, you will see how the requirements of 1986 have been watered down, essentially eliminating extremely important information for a vaccine recipient to know. The highlighted information in column one are the eliminated subjects. Looking at them, it is obvious that for a person to be fully informed would require they have access to this information. The reasons given for removing those sections, is primarily that there was too much information for a person to absorb, (among others as described in this statement from the CDC's History of VIS's). https://www.cdc.gov/vaccines/hcp/vis/downloads/vis-history.pdf

**From the History of VIS Document:** "In spite of the time and effort spent developing the VIPs, and the fact that many patients found them informative and easy to understand, they were criticized by both providers and patients for the overwhelming amount of information they contained, for being too unwieldy to be read and comprehended during a clinic visit, and for the amount of time required to develop and finalize them.8 It was even suggested that the VIPs' length discouraged careful reading, resulting in patients who were actually less informed than they would have been given simpler materials."9

To me, it would be analogous to dumbing down educational materials in the public-school system to the level of the slowest learners. It helps them keep up with the material, but denies those that could grasp that information and allow them to move forward faster the opportunity to do so. By saying, "we just won't put all the **scary** stuff in there", so it won't overwhelm them (and possibly make them question the safety of the vaccine). **This undermines the opportunity of educated, conscientious and concerned individuals to make an informed decision about their health decisions.** Just look at what the article referenced in number 10 below from the CDC's document. The ***Journal of the American Medical Association*** published this article calling the immunization information given to patients "anxiety-Provoking". Is it possible that all the "anxiety" of reading the possible adverse reactions may sway some to deny the vaccines. Could this be the real reason that they stopped using them? It reduced vaccine compliance? Yet, if you look at the VIS produced over the last few years, you will see they still made the point to describe the symptoms that can occur with the disease the vaccine is designed to prevent.

8. Goldsmith MF. Vaccine information pamphlets here, but some physicians react strongly. JAMA. 1992;267(15):2005-2007.
9. Clayton EW, Hickson G, Miller, CS. Parents' responses to vaccine information pamphlets. Pediatrics. 1994;93(3):269-272.
10. Marwick C. Congress to simplify those complex, **anxiety-provoking** immunization booklets. JAMA. 1992;268(24):3413.

| ORIGINAL 1986 LAW | AMENDED LAW- 1993 |
|---|---|
| 1. The frequency, severity, and potential long-term effects of the disease to be prevented by the vaccine | 1. A concise description of the benefits of the vaccine |
| 2. The symptoms or reactions to the vaccine which, if they occur, should be brought to the immediate attention of the health care provider | 2. A concise description of the risks associated with the vaccine |

3. Precautionary measures legal representatives should take to reduce the risk of any major adverse reactions to the vaccine that may occur

4. Early warning signs or symptoms to which legal

representatives should be alert as possible precursors to such major adverse reactions

5. A description of the manner in which legal

representatives should monitor such major adverse reactions, including a form on which reactions can be recorded to assist legal representatives in reporting information to appropriate authorities

6. A specification of when, how, and to whom legal representatives should report any major adverse reactions

7. The contraindications to (and bases for delay of) the administration of the vaccine

8. An identification of the groups, categories, or

characteristics of potential recipients of the vaccine who may be at significantly higher risk of major adverse reaction to the vaccine than the general population

9. A summary of:

a. Relevant federal recommendations concerning a complete schedule of childhood immunizations, and

b. The availability of the National Vaccine Injury

Compensation Program

10. Such other relevant information as may be determined by the Secretary [of Health and Human Services]

3. A statement of the availability of the National Vaccine Injury Compensation Program

4. Such other relevant information as may be determined by the Secretary

Historically, the VIS statements would only inform of the reactions that the ACIP would determine, not what research or even VAERS has demonstrated. They were only willing to list those adverse reactions that in their opinion were “proven” to be caused by the vaccine. Remember, many of the advisors sitting on that committee have pharmaceutical industry ties. Unfortunately, as you have seen and will continue

to see in this document, there is lots of credible science linking vaccines to numerous health problems, which government agencies still deny are possible. However, in an encouraging development, it looks as though there may be some improvement in the more recent releases of these VIS forms. Let's take the Varicella (chickenpox) VIS just released February 12, 2018. You will see a much longer list of possible adverse reactions than used to be shown with many past VIS. Could this be a sign of better things to come? One could only hope.

## From the Varicella VIS online-

https://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.html

## Some people should not get this vaccine

Tell your vaccine provider if the person getting the vaccine:

- **Has any severe, life-threatening allergies.** A person who has ever had a life-threatening allergic reaction after a dose of chickenpox vaccine or has a severe allergy to any part of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
- **Is pregnant or thinks she might be pregnant.** Pregnant women should wait to get chickenpox vaccine until after they are no longer pregnant. Women should avoid getting pregnant for at least 1 month after getting chickenpox vaccine.
- **Has a weakened immune system** due to disease (such as cancer or HIV/AIDS) or medical treatments (such as radiation, immunotherapy, steroids, or chemotherapy).
- **Has a parent, brother, or sister with a history of immune system problems.**
- **Is taking salicylates (such as aspirin).** People should avoid using salicylates for 6 weeks after getting varicella vaccine.
- **Has recently had a blood transfusion or received other blood products.** You might be advised to postpone chickenpox vaccination for 3 months or more.
- **Has tuberculosis.**
- **Has gotten any other vaccines in the past 4 weeks.** Live vaccines given too close together might not work as well.
- **Is not feeling well.** A mild illness, such as a cold, is usually not a reason to postpone a vaccination. Someone who is moderately or severely ill should probably wait. Your doctor can advise you.

## Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.
Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it.

### After chickenpox vaccination, a person might experience:

**Minor events:**

- Sore arm from the injection
- Fever

- Redness or rash at the injection site

If these events happen, they usually begin within 2 weeks after the shot. They occur less often after the second dose.

**More serious events** following chickenpox vaccination are rare. They can include:

- Seizure (jerking or staring) often associated with fever
- Infection of the lungs (pneumonia) or the brain and spinal cord coverings (meningitis)
- Rash all over the body

A person who develops a rash after chickenpox vaccination might be able to spread the varicella vaccine virus to an unprotected person. Even though this happens very rarely, anyone who gets a rash should stay away from people with weakened immune systems and unvaccinated infants until the rash goes away. Talk with your health care provider to learn more.

**Other things that could happen after this vaccine:**

- People sometimes faint after medical procedures, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your doctor if you feel dizzy or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer lasting than routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions to a vaccine are estimated at about 1 in a million doses and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

## What if there is a serious problem?

### What should I look for?

- Look for anything that concerns you, such as signs of a **severe allergic reaction**, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your health care provider.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS website, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

**The National Vaccine Injury Compensation Program (NVICP)** is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website. There is a time limit to file a claim for compensation. **(END)**

**In comparing this to many of the other VIS forms, especially the older ones, it is a good improvement. People should have all of the available information in order to make an educated decision. Hopefully this is a step in the direction towards transparency and full disclosure.**

## Physician compliance with VIS education is poor and could be better with a little effort

A 2002 study published in the journal ***Ambulatory Pediatrics*** titled, **Improving vaccine risk/benefit communication with an immunization education package: a pilot study**, found that the rate of physician compliance with Vaccine Information Statements was poor. It also found that an initiative to improve the communication on the subject made a significant difference.
https://www.ncbi.nlm.nih.gov/pubmed/?term=12014979

**Background from the article:** "In a national study, 31% of pediatricians reported not using the VIS and 56% indicated that time was a barrier to vaccine risk/benefit communication. **Parents, however, indicated they want their primary providers to personally tell them about risks/benefits**."
*(I would bet that the rate of pediatricians **not** complying with the VIS education is much higher than 31%. When a professional like a doctor is asked on a survey if they are complying with the law, I would bet that a good percentage would indicate that they were, even if they weren't. Sorry docs, I'd like to think that few of you would do that, but fear of legal/board repercussions could motivate some for sure.*

**Results**: …"These vaccine communication improvements were made with a very small (20-second) increase in physician time. In post-intervention focus groups, provider staff endorsed the IEP method."

**Conclusions:** "This IEP was a feasible way to facilitate compliance with the NCVIA. A significant amount of additional information was provided to parents with only a slight increase in time."

One thing I noted that I have bolded above is that parents want the provider to personally tell them about the risks/benefits. I honestly think that is the best way to handle it. They should receive a written explanation like the V.I.S., but it should be the responsibility of the doctor to look the parent in the eye and make sure they understand the risks and benefits.

# MORE ON THE NATIONAL VACCINE INJURY COMPENSATION PROGRAM (NVIC) – Part 2

## In a roundabout way, taxpayers pay for vaccine damages rather than the vaccine manufacturers

**The National Vaccine Injury Compensation Program (NVICP)** started in 1986, is a "court" that was created to compensate people injured by certain vaccines. **To date they have paid out over 4 billion dollars in claims and attorney's fees for victims of vaccine injury. Each dose of vaccines is charged a surcharge to be paid into the fund. However, we all know how this works when for-profit companies are charged a surcharge or tax. They pass that on in the pricing of their product to make it a wash and keep their profits intact. Since much of the cost of vaccines and vaccine programs are underwritten by our government, in a roundabout way we are all footing the bill.**

## The play on words. Compensation for damage to children who developed autism, are told the settlement is for brain damage NOT autism.

### The Pharma-Government-Medical Complex goes to extreme lengths to avoid linking autism to vaccines, even though the Vaccine Injury Compensation Program has compensated hundreds of such cases

In an interview of ***Mary Holland, a Harvard and Columbia University*** trained legal scholar on the recent Docu-series called ***Vaccines Revealed***, she discusses the work she was involved with whereby she and a team of researchers interviewed and looked at cases where families were **compensated** due to their child being brain damaged. In fact, they published a study of their findings as you will read below.

**Working with a Developmental Pediatrician their analysis found 83 out of 150 cases they looked at compensated through the *Vaccine Injury Compensation Program*, were cases which had been officially diagnosed with autism (even though they had to avoid using that term to be considered by the court**). **That figure represents greater than 50% of compensated cases, where the vaccines the child was given were associated with the child's brain injury and subsequent diagnosis of autism**.

**Yet, the courts and the government will go to extraordinary lengths to deny the connection between vaccines and autism. The convoluted admittance of the brain injury, yet denial of the autism connection goes something like this….Vaccines (A) caused the brain damage (B). And the brain damage (B), caused the autism (C). But the vaccines (A), did not cause the autism (C). In other words, A+B=C, but A isn't associated with C. What?**

In fact, as you will see below, the court will routinely deny all claims where the diagnosis of autism is brought before them, yet accept and even compensate cases that use the diagnosis of encephalopathy (brain damage, disease or malfunction), multiple seizure disorder, etc.

## In a case of selective semantics, the courts won't compensate for Autism, but will for encephalopathy (brain damage, disease or malfunction)

The conclusion of their 2011 study titled, **Unanswered Questions from the Vaccine Injury Compensation Program: A Review of Compensated Cases of Vaccine-Induced Brain Injury**, which was published in the ***Pace Environmental Law Review*** and said the following: *(Note: VICP stands for Vaccine Injury Compensation Program)*

"**While there are likely many routes to "autism", including prenatal neurological insults and toxic post-natal exposures, this preliminary analysis of VICP-compensated cases suggests that autism is often associated with vaccine -induced brain damage**. It raises the question that if the VICPs decisions have been fair to reject all claims of vaccine injury that use the term "autism". **This preliminary assessment also suggests the possibility that other contemporary childhood neurological disorders, including attention deficit disorder and learning disabilities, might be less severe after-effects, on the same spectrum of vaccine -induced brain injury**."

"Based on this preliminary assessment, there may be no meaningful distinction between the cases of encephalopathy and residual seizure disorder that the VICP compensated over the last 20 years and the cases of "autism" that the VICP he has denied. If true, this would be a profound injustice to those denied recovery and to all who have invested trust in the system that Congress created. This preliminary study calls for Congress to investigate the VICP and for scientists to investigate all compensated cases of vaccine injury to gain a fuller understanding of the totality of consequences of vaccine injury."
http://digitalcommons.pace.edu/pelr/vol28/iss2/6/

## Autism Spectrum Disorder like symptoms have been compensated hundreds of times by the Vaccine Compensation Program (Court)- But they don't call it autism. They call it "brain damage"

This section serves an excellent follow-up to the last one.

In a response to a letter written by Sharyl Attkisson a CBS News Journalist to Tina Cheatham from the Health Resources and Service Administration (HRSA.gov), the cautious semantics reveal the strategy regarding the refusal to admit vaccines cause autism.

**From the HRSA response:**
From: Cheatham, Tina (HRSA) [mailto:TCheatham@hrsa.gov]
Sent: Monday, May 05, 2008 4:14 PM
To: Attkisson, Sharyl
Subject: RE: HHS question

Hi Sharyl,

Here are the numbers of compensable cases for encephalitis/encephalopathy and seizures in our database from October 1, 1988 to March 4, 2008.

Encephalitis/Encephalopathy 611
Seizure Disorders 711
Total 1,322

I'm providing both numbers to you, because there's not much difference in the medical history and outcomes for children that were compensated for "encephalopathy" versus "seizures." Those compensated for encephalopathy often had seizures as part of their clinical picture, and vice versa.

Your Questions
1. How many vaccine court cases has the government compensated, been ordered to compensate, and/or agreed to compensate in which a vaccine-injured child ended up with and/or claimed autism and/or autistic symptoms? (We know of a number of cases, but have been told it is not a complete list.)
Please break down these compensations by year.

Answer:
The government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines. We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures.

Some children who have been compensated for vaccine injuries may have shown signs of autism before the decision to compensate, or may ultimately end up with autism or autistic symptoms, but we do not track cases on this basis.

**My comment:** Just call a spade a spade. I'm sure they know that the floodgates would open if they admitted vaccines caused autism. The truth is that in some cases, they do. The truth is and will continue to come to light. It cannot be suppressed forever.

## Pertussis toxin combined with bovine (cow) serum albumin leads to potentially lethal encephalopathy (swelling of the brain)

A 1985 article from ***The Proceedings of the National Academy of Sciences of the United States of America*** titled, **Pertussis toxin is required for pertussis vaccine encephalopathy**, discusses the correlation between pertussis toxin and convulsions, seizures, coma, encephalopathy and death. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC391511/

**From the article:**
"The pertussis vaccine component of diphtheria-pertussis- tetanus (DPT) vaccine is associated with convulsions in one of 1750 doses, while severe and permanent neurologic damage has been calculated to occur with one of every 310,000 doses."

"Pertussis toxin, also referred to as pertussinogen, lymphocytosis-promoting factor, islet cell activating protein, and histamine-sensitizing factor, **is an oligomeric protein toxin with a wide range of physiologic effects, including increased sensitivity to anaphylaxis, hyperinsulinemia, and increased vascular permeability. In addition to encephalopathic signs such as seizures and coma, systemic manifestations prior to death include cyanosis *(a blue coloration of the skin)* and tachypnea *(abnormally rapid breathing)*."**

"**A mouse model for encephalopathy induced by pertussis immunization has been described; it has features that closely resemble some of the severe reactions, including seizures and a shock-like state leading to death, occasionally seen after administration of Bordetella pertussis (whooping cough) vaccine.**"

"**Purified pertussis toxin plus bovine serum albumin was tested and found to induce the lethal encephalopathy, demonstrating that the toxin was the critical constituent of B. pertussis responsible for encephalopathy**."

"**Thus, we hypothesize that pertussis toxin contained in B. pertussis vaccine plus antibody to BSA triggers the encephalopathy**. **Part of the genetic susceptibility to encephalopathy resides in the capacity of the vaccine recipient to mount an anti-BSA response, while another component of susceptibility resides in the amount of pertussis toxin in the vaccine**."

**The DTaP-IPV/Hib (Pentacel) vaccine contains both the pertussis toxin and bovine serum albumin**. It appears to be the only pertussis containing combination vaccine that does. **The MMRV vaccine contains serum bovine albumin, so if any of the other pertussis containing vaccines were to be given together with the MMRV, it could be an issue.**

# MITOCHONDRIAL INJURY AND SUBSEQUENT DYSFUNCTION IS ONE OF THE HALLMARKS OF VACCINE DAMAGE

## Daughter of Johns Hopkins trained neurologist father, and nurse mother win case in vaccine court, after their daughter is permanently damaged from vaccines- Mitochondrial disorder connection is made

In an article published in ***Scientific American*** April 22nd, 2008 and titled, **Vaccine Injury Case Offers a Clue to the Causes of Autism**, the case of a 19-month-old girl **given 5 shots, containing 9 vaccines** is highlighted. **The girl, Hannah Poling, who was a normally developing child regressed into autism**. https://www.scientificamerican.com/article/vaccine-injury-case-offer/

The subtitle of the article sheds light on what may be one of the keys to vaccine induced damage in susceptible children…***Could a group of disorders involving the "power plants of the cell" explain why some vaccinated children develop autism but the vast majority don't?*** See a nice explanation of how this may happen in a couple paragraphs.

**From the article:**
"The girl had been developing normally, according to her parents—**her father, Jon, is a Johns Hopkins–trained, practicing neurologist, her mother is an attorney and registered nurse**—but in the months after the shots, she developed a fever and litany of other symptoms: diarrhea, appetite loss and intermittent screaming. A pediatric neurologist examining her in February 2001 later noted that she had lost some of the speech she had previously acquired, was no longer making eye contact, and was no longer sleeping through the night."

"That little known condition—"**mitochondrial disorder**"—involves the parts of cells frequently referred to as their "power plants," because they turn sugar into energy. Mitochondria are found in all tissues and organs in the body, and when they do not work properly they can cause or worsen diseases from diabetes to brain disorders. Jay Gargus, a specialist in human genetics and metabolism at the University of California, Irvine, says mitochondrial disorders are a bit like an electrical brownout: "As the electrical voltage starts falling, different appliances will start to fail," he says. "First, the television might turn off, then the lights might go off."

This "power failure" affects regions of the body that rely heavily on mitochondria. The brain is an organ that weights around 3 percent of the total weight of the body but uses around 20 percent of the oxygen provided by the lungs. The oxygen and either glucose of ketones are utilized by the mitochondria in the brain cells to produce energy. Damage to the astrocytes which are the immune cells in the brain, have

been implicated with neurodevelopmental disorders including autism. The health and function of the astrocytes happen to be extremely dependent on the mitochondria which produce the energy in the form of ATP required for the cell to function.

Another body system that depends heavily on the energy produced by mitochondria are the muscles. The article discussed research of 40 autistic children which showed that two thirds of them had muscle weakness.

The real question is, do some children already have an underlying or hidden mitochondrial deficiency disorder and vaccines amplify or trigger that already present genetic condition, or do vaccines trigger a reaction that damages the mitochondria in environmentally susceptible children? Either way, vaccines which introduce foreign matter (chemicals, human and animal DNA, heavy metals and retroviruses), into a fetus (through maternal vaccines) or into babies and young children, could be the proverbial "straw that breaks the camel's back."

The mitochondria have DNA that is separate and distinct from the DNA of all the rest of the cells of the body, which is called nuclear DNA. One major consideration in implicating the vaccine causing mitochondrial DNA damage, is that mitochondrial DNA is much more susceptible to oxidative damage than nuclear DNA. And as much of the research looking at the mechanisms of thimerosal, aluminum, MSG and other chemicals found in vaccines in creating an oxidative stress reaction in the cells of the brain shows, this triggers a deadly form of free radical called "Reactive Oxygen Species" or ROS. These dangerous free radicals in turn trigger more oxidative stress, damaging the mitochondria. This vicious cycle is often referred to as a "death spiral."

## As these articles suggest, the mitochondrial DNA is highly susceptible to damage, including DNA strand breaks due to oxidative stress which vaccines most certainly produce.

**Oxidative stress induces degradation of mitochondrial DNA- 2009**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677867/

**Oxidative damage of mitochondrial DNA: the result or consequence of enhanced generation of reactive oxygen species- 2010** https://www.ncbi.nlm.nih.gov/pubmed/20873108

**Mitochondrial DNA damage is more extensive and persists longer than nuclear DNA damage in human cells following oxidative stress** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC19544/

**Mitochondrial Dysfunction in Autism Spectrum Disorders**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5137782/pdf/emss-70523.pdf

## Mitochondrial disorders affect about 1 in 4,300 persons born in the U.S.

In an article from ***Mitochondrial Disease News*** July 05, 2017 titled, **Mitochondrial Disease an Enormous Burden on U.S. Patients, Study Finds**, researchers estimate approximately 1 person in 4,300 suffers from a mitochondrial disorder and it stands to have an enormous impact on medical costs and mortality for those affected by it.
https://mitochondrialdiseasenews.com/2017/07/05/mitochondrial-disease-enormous-burden-us-patients-study-finds/

## Recent evidence suggests that approximately half of all autistic individuals have mitochondrial dysfunction

A 2015 article in the journal ***Biomarkers in Medicine*** titled, **Mitochondrial enzyme dysfunction in autism spectrum disorders; a novel biomarker revealed from buccal swab analysis** suggests that as 42% or more of individuals with autism have mitochondrial respiratory enzyme deficiencies. In cases of severe autism, the percentage was much higher. This study suggests that a much higher percentage of autistic persons have issues with their mitochondria than just a few years prior. The researchers used a swab of the inside of the mouth (buccal), to look for a biomarker of mitochondrial dysfunction.
https://www.ncbi.nlm.nih.gov/pubmed/?term=26439018

**From the article: "**Significant RC activity deficiencies were found in 39 (42%) ASD patients ($p < 0.01$) and more prevalent in more severe cases. Aberrant RC overactivity was seen in 9 children. RC-I/RC-IV activity ratio was significantly increased in 64% of the entire ASD cohort including 76% of those more severely affected ($p < 0.05$)." *(RC stands for Respiratory Complex…i.e. Part of the energy generating mechanism of the mitochondria)*

**The real question is, is it the chicken (the vaccine or environmental chemical exposure) or the egg (an inherited mitochondrial disorder), that is a causative factor for autism? The next article may shed some light on that dilemma.**

# Aluminum is implicated as a primary source of mitochondrial damage

A 2011 article published in the journal of ***Experimental Cell Research*** titled, **Hepatic response to aluminum toxicity: dyslipidemia and liver diseases** discusses how aluminum causes an increase in Reactive Oxygen Species (ROS) leading to mitochondrial damage.
https://www.ncbi.nlm.nih.gov/pubmed/?term=21787768

**From the article: "Mitochondrial metabolism is the main site of the toxicological action of Aluminum."**

The reality is that **there are currently 23 vaccines on the CDC's Vaccine Excipient list that contain aluminum. Some contain 2 versions of aluminum (Hep B *Recombivax* and Hep A/Hep B *Twinrix* vaccines) and one (the DTaP-HepB -IPV *Pediarix* vaccine) contains 3!** Click here and see for yourself.
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

# The excessive numbers of doses in the ever-increasing vaccine schedule is increasing adverse reactions and infant death rates

## The dramatic increase in the number of mandated vaccines, a primary cause of adverse event injuries and deaths

A major part of the problem is that the vaccine schedule had increased the number of recommended vaccine exponentially over the last 30 years. This just multiplies the stress on the immune and nervous systems of these small children. See this infographic that clearly shows the huge increase in the number of vaccines from 1983 to 2008.
https://www.sciencebasedmedicine.org/wp-content/uploads/2011/07/GR-USA-Today-Ad.pdf

## The dose schedule has tripled in the last 30 years and more than quadrupled since 1953

In addition to an infant's "leaky" brain blood vessels that allow toxins to flow freely into the brain, there are far too many vaccine doses given to children now, as compared to 30-50 years ago.

**According to the National Vaccine Information Center:**

- **In 1953**, there were **16 doses of 4 vaccines** (smallpox, diptheria/pertussis/tetanus) between 2 months and age 6.

- In the **mid-1980s**, the vaccine schedule called for **23 doses of seven vaccines** starting at two months old. Those included diphtheria, pertussis and tetanus (3 vaccine DPT combo), oral polio, and the measles, mumps and rubella (3 vaccine MMR combo).

- In the year **2000**, children were getting **33 doses of 10 vaccines** starting on the day of birth, with the addition of the Hepatitis B vaccine. The other ***additions*** were the Haemophilus Influenza Type B (Hib), Varicella and Hepatitis A in selected areas.
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4902a4.htm

- By **2010**, the CDC recommendations were to give children **69 doses of 16 vaccines** starting on the day of birth through age 18, with 48 of those vaccinations given before age 6. The ***additions*** over the previous schedule are Rotavirus, Pneumococcal, Influenza and Meningococcal vaccines.
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5851a6.htm

Since 2008 two three-vaccine combo products have been available, Pentacel and Pediarix

- Pentacel contains: DTaP, IPV and Hib
- Pediarix contains DTaP, IPV and Hep B

The schedule for the administration and timing compared to the individual vaccines change when either of these combo products are used. That can be viewed here:
http://www.immunize.org/cdc/pentacel_pediarix.pdf

One interesting caveat is that the CDC **Guidance on the use of Pentacel and Pediatrix** notice August 2008 states that, "…Pentacel can be used when a child needs one or two components, but does not need the others". In other words, if a child is up to date on their Hep B and IPV vaccine doses, but needs DTaP, **they say it is permissible to just give them the 3-vaccine combo to cover the one vaccine that is needed (see the reference above).**

**That would give the child 2 additional doses that they don't need. That is not only unnecessary, but totally irresponsible. As you read the following CDC 2017 schedule, realize that many children may be getting additional doses to the 69 they are already getting because of this policy.**

**The 2017 CDC schedule is up to 69 doses:**

1. Hep B- 3 doses
2. Rotavirus (RV-5)- 3 doses
3. DPT- 5 doses
4. Tdap- 1 dose
5. Hib- 4 doses
6. Pneumococcal- 4 doses
7. Polio- 4 doses
8. Influenza- up to 28 doses
9. MMR- 2 doses
10. Varicella- 2 doses
11. Hep A- Up to 4 doses (geographically dependent)
12. Human Papillomavirus (HPV)- 3 doses
13. Meningococcal- 2 doses
14. Pneumococcal- 4 doses

https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

# INFANT MORTALITY RATES OF INDUSTRIALIZED COUNTRIES AND THEIR RATES OF VACCINE DOSES – A TROUBLING CORRELATION

## In 2009, the U.S. had the highest number of vaccine doses and was 34th in infant mortality rate

### In 2009, the U.S. had the highest vaccine rate and 33 other nations had better infant (<1 year-old) mortality rates- A linear correlation

A fascinating study showing the comparison of number of vaccines given by age 1 and the corresponding infant mortality rate is called**, Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?** It was published in 2011 in the ***Journal Human and Experimental Toxicology***. The article states: "The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs." It goes on to state, "Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates" Looking at the two charts side by side is eerie the correlation is so striking. You can see it here. https://www.ncbi.nlm.nih.gov/pubmed/21543527 When you look at Figure 2, you can clearly see the direct correlation between the number of doses of vaccines given and the proportional rising rate of infant mortality. The article also makes reference to previous studies that show a possible link between some cases of Sudden Infant Death (SIDS) and vaccination, specifically the DPT vaccine.

According to the ***CIA World Factbook***, "Infant mortality rate compares the **number of deaths of infants under one year old in a given year per 1,000 live births** in the same year. This rate is often used as an indicator of the level of health in a country".

**Source for infant mortality rates:** CIA Country comparison: infant mortality rate (2009). The World Factbook.

Sweden has the lowest infant mortality rate (2009 statistics) and also has the lowest number of doses of vaccines at 12, given before age 1. **The U.S. ranked 34th and had the highest infant mortality rate along with the greatest number of vaccinations given by age 1 at 26.**

## Maternal Vaccines, an important component and often forgotten component to infant mortality

For more on the apparent inherent risks and dangers of vaccines given to expectant mothers, refer to this link to be taken back to that section which was presented earlier in this document. Shocking revelations from the flu vaccine package insert regarding pregnant women, nursing mothers and young children- NEVER been tested in pregnant women (and then scroll down from there)

**Suffice to say, there is much evidence that would suggest that these vaccine components will pass through to the fetus at a time when it is most vulnerable to toxins. If the EPA puts strict limits on the amount of tuna fish pregnant women should eat when only a small percentage of what is ingested is actually absorbed into the bloodstream, why would we think it would be okay to inject metals and other toxic substances directly into the mother's circulation?**

## Check out the next graphic, showing numbers of Vaccines given by age 5 (2006) and the rates of autism!

### These are 2006 statistics

TABLE 3: VACCINE SCHEDULES, AUTISM RATES, AND UNDER 5 MORTALITY FOR SELECT COUNTRIES

| Country | # of Mandatory Vaccines (<5 yrs old) | Autism Rate | US Autism Rate Multiplier | Mortality Rates Per 1,000 children Under 5 years old | Mortality Rate Worldwide Rank |
|---|---|---|---|---|---|
| United States | 36 | 1 in 150 | | 7.8 | 34 |
| Iceland | 11 | 1 in 1,100 [ii] | 7.3 x | 3.9 | 1 |
| Sweden | 11 | 1 in 862 [iii] | 5.7 x | 4.0 | 2 |
| Japan | 11 | 1 in 475 [iv] | 3.2 x | 4.2 | 4 |
| Norway | 13 | 1 in 2,000 [v] | 13.3 x | 4.4 | 5 |
| Finland | 12 | 1 in 719 [vi] | 4.8 x | 4.7 | 6 |
| France | 17 | 1 in 613 [vii] | 4.1 x | 5.2 | 11 |
| Israel | 11 | 1 in 1,000 [viii] | 6.7 x | 5.7 | 17 |
| Denmark | 12 | 1 in 2,200 [ix] | 14.6 x | 5.8 | 18 |

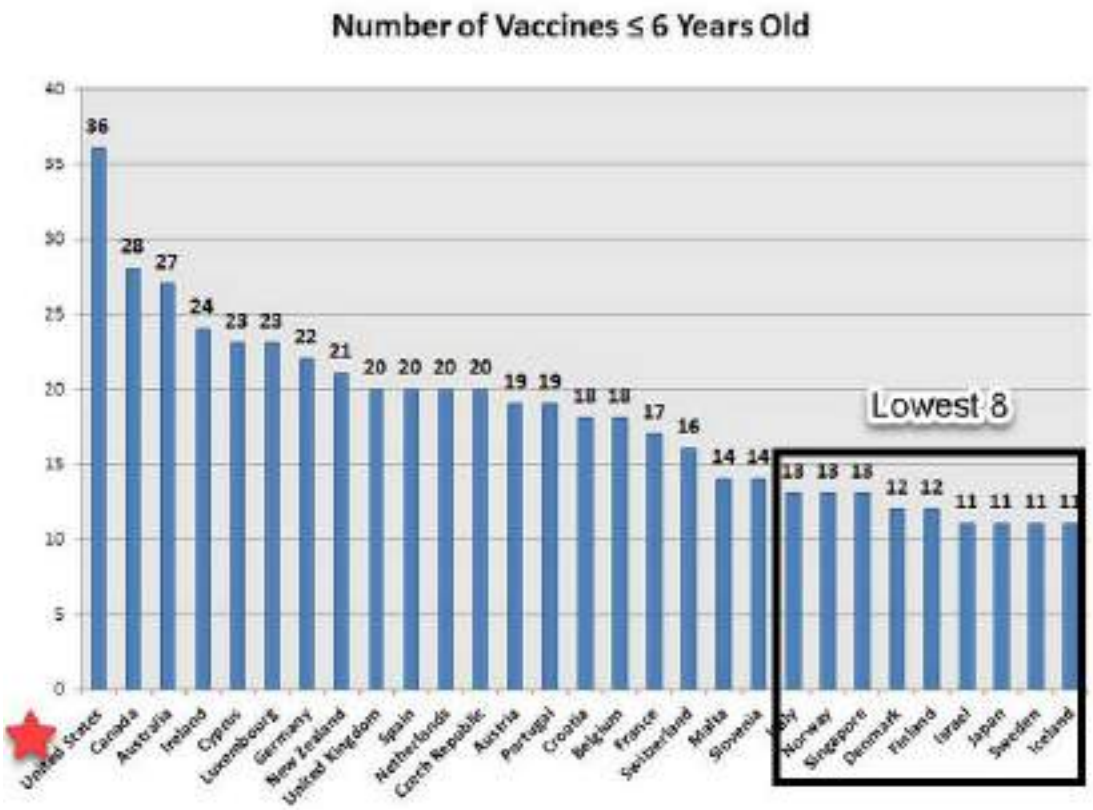
**Source: Vaccine Schedules, Autism Rates, and Under 5 Mortality**, ***Generation Rescue 2009***
http://www.generationrescue.org/

- Look at the number of mandatory vaccines by age 5 column. The U.S. far exceeds the other nations.
- The US Autism Rate Multiplier column, is how many times greater the U.S. autism rate is than that country. For example, the rate of autism in the U.S. is 7.3 times greater than in Iceland and 13.3 times greater than in Norway.
- The Mortality Rate per 1,000 children column is the number of deaths per 1,000 children by age 5. The lower the number the better the survival rate. As you can see the U.S. ranked 34th.

## The U.S. has now slipped to 57th in infant mortality, dropping 23 positions in just eight years, as doses of vaccines have increased

As of 2016, the U.S. was ranked 57th in the world in **infant mortality** according to the ***CIA World Factbook***. AND 32nd in **under-5 mortality** according to the ***Organisation for Economic Co-operation and Development (O.E.C.D.)***. Before you get too excited and say, "well 32nd is better than 57th. We must be making progress", think again. The 32nd ranking is out of a group of the 35 country members of the O.E.C.D. The O.E.C.D. member nations are "developed nations whose goal is to stimulate economic progress and world trade."
https://en.wikipedia.org/wiki/List_of_countries_by_infant_and_under-five_mortality_rates

**What has happened?**



## What do the current comparisons between the BEST infant mortality rates in the world and number of vaccines by age 6 look like?

The top 8 infant mortality rates in the world- 2017

| | | | |
|---|---|---|---|
| 218 | SWEDEN | 2.60 | 2017 EST. |
| 219 | BERMUDA | 2.50 | 2017 EST. |
| 220 | FINLAND | 2.50 | 2017 EST. |
| 221 | NORWAY | 2.50 | 2017 EST. |
| 222 | SINGAPORE | 2.40 | 2017 EST. |
| 223 | ICELAND | 2.10 | 2017 EST. |
| 224 | JAPAN | 2.00 | 2017 EST. |
| 225 | MONACO | 1.80 | 2017 EST. |

The best infant mortality rate in the world

**There are now several third world countries with better infant mortality than the United States at 5.8 deaths per 1,000 births.**

**Here is an example of just a few countries you would never think would have better infant mortality rates than the United States of America.**

- **Serbia**
- **Bosnia**
- **Faroe Islands**
- **Cuba**
- **French Polynesia**
- **Wallis and Futuna**
- **Taiwan**
- **Isle of Man**
- **Jersey**
- **Estonia**
- **Anguilla**
- **Czechia**
- **Singapore**

**How do you explain that?**

- We have the “best” medical care in the world.
- We have the best medical technology in the world.
- We have the best access to medical care in the world.
- We have the best hospitals in the world.

- We have the most highly trained and specialized doctors in the world.
- We have the best nurses and pediatric care in the world.
- We have the best pediatric intensive care in the world.
- We give the highest number of vaccines by age 6 in the world.

**Yet, 56 countries have better infant mortality than the U.S.! As you can see from the charts above, we are injecting our children with triple the number of vaccines as the countries with the lowest infant death rates. And as mentioned, we are injecting pregnant women with additional vaccines.**

## A shocking study, showing that hospitalizations and deaths in infants increase in proportion to the number of vaccine doses

A 2012 article published in the journal of ***Human and Experimental Toxicology*** titled, **Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010**, cites an alarming correlation between the number of vaccine doses and the rates of subsequent hospitalization and death. The study analyzed data from the Vaccine Adverse Event Reporting System (VAERS) over a 20-year period.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3547435/pdf/10.1177_0960327112440111.pdf

**From the study:**
"In this study, the Vaccine Adverse Event Reporting System (VAERS) database, 1990–2010, was investigated; cases that specified either hospitalization or death were identified among **38,801 reports** of infants. Based on the types of vaccines reported, the actual number of vaccine doses administered, from 1 to 8, was summed for each case."

**"Our findings show a positive correlation between the number of vaccine doses administered and the percentage of hospitalizations and deaths."**

"**The hospitalization rate increased linearly from 11.0%** (107 of 969) **for 2 doses to 23.5%** (661 of 2817) **for 8 doses and decreased linearly from 20.1%** (154 of 765) **for children aged <0.1 year to 10.7%** (86 of 801) **for children aged 0.9 year**."

| Doses | Hospitalization Rate |
|---|---|
| 2 | 11% |
| 8 | 23.5% |

| Age | Hospitalization Rate |
|---|---|
| <5 weeks | 20.1% |
| 10 months | 10.7% |

The rate ratio (RR) of the mortality ***(Death)*** rate for 5–8 vaccine doses to 1–4 vaccine doses is 1.5 (95% confidence interval (CI), 1.4–1.7), indicating a statistically significant increase **from 3.6%** (95% CI, 3.2–3.9%) **deaths associated with 1–4 vaccine doses to 5.5%** (95% CI, 5.2–5.7%) **associated with 5–8 vaccine doses.**

| Doses | Death Rate |
|---|---|
| 1-4 | 3.6% |
| 5-8 | 5.5% |

**"The male-to-female mortality (Death)** RR was 1.4 (95% CI, 1.3–1.5)." ***(1.4 males affected per female)***

"Since vaccines are given to millions of infants annually, **it is imperative that health authorities have scientific data from synergistic toxicity studies on all combinations of vaccines that infants might receive. Finding ways to increase vaccine safety should be the highest priority."**

**"Studies have not been conducted to determine the safety (or efficacy) of administering multiple vaccine doses in a variety of combinations as recommended by CDC guidelines. Our findings show a positive correlation between the number of vaccine doses administered and the percentage of hospitalizations and deaths reported to VAERS. In addition, younger were significantly more likely than older infants to be hospitalized or die after receiving vaccines. Since vaccines are administered to millions of infants every year, it is imperative that health authorities have scientific data from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive; universal vaccine recommendations must be supported by such studies."**

## A call for screening newborns for immune-deficiency before vaccination

To underscore the importance of screening before vaccinating, this study titled, **Adverse events following Immunization in patients with primary immunodeficiencies**, published in the Journal ***Vaccine*** March 2016 and warned of the increased risk of serious adverse reaction in this population. https://www.ncbi.nlm.nih.gov/pubmed/26850760

**The conclusion from the article:** "Our study included a large cohort of Primary Immunodeficiency Disease (PID), patients and **confirmed an increased risk of serious Adverse Events Following Immunization in these populations**. **The design and implementation of neonatal screening strategies for the early detection of congenital lymphopenias and other PID are urgently needed to avoid serious complications of the Bacille Calmette-Guerin, is a vaccine for tuberculosis (BCG),** vaccine usually applied immediately after birth *(in Columbia)*. Our findings also support the use of the acellular pertussis vaccine to minimize the appearance of seizures in PID patients vaccinated with diphtheria, pertussis and tetanus (DPT)."

## *The Institute of Medicine of the National Academy of Sciences* calls into question how all of these different vaccines may be interacting with each other and the lack of research to find out

In 2013, the ***National Academies Press*** published a report by the ***National Academy of Sciences*** based on the investigative work done by the ***Committee on the Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule***, titled **The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies**. The report took a comprehensive look at the issue taking into consideration all of the different parties with interests at stake. https://www.ncbi.nlm.nih.gov/books/NBK206948/pdf/Bookshelf_NBK206948.pdf

**From the Report:**
**"Conclusions about Scientific Findings"**

"The committee encountered **two major issues** in its review of the findings in the scientific literature. **First, the concept of the immunization "schedule" is not well developed**. Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit. Although each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review of that vaccine, elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine. **Thus, key elements of the entire schedule—the number, frequency, timing, order, and age at administration of vaccines—have not been systematically examined in research studies.**"

"**The second major issue** that the committee encountered **was uncertainty over whether the scientific literature has addressed all health outcomes and safety concerns**. The committee could not tell whether its list was complete or whether a more comprehensive system of surveillance might have been able to identify other outcomes of potential significance to vaccine safety. **In addition, the conditions of concern to some stakeholders, such as immunologic, neurologic, and developmental problems, are illnesses and conditions for which etiologies, in general, are not well understood.**"

"**Finally, the committee found that evidence assessing outcomes in subpopulations of children who may be potentially susceptible to adverse reactions to vaccines** (such as children with a family history of autoimmune disease or allergies or children born prematurely) **was limited** and is characterized by **uncertainty** about the definition of populations of interest and definitions of exposures and outcomes."

"**In summary, to consider whether and how to study the safety and health outcomes of the entire childhood immunization schedule, the field needs valid and accepted metrics of the entire schedule (the "exposure") and clearer definitions of health outcomes linked to stakeholder concerns (the "outcomes") in rigorous research that will ensure validity and generalizability**."

That was 2013. We are still waiting on the recommended "rigorous research" that would help to answer those serious concerns.

# Central Nervous System Demyelinating Diseases

## High correlation with Multiple Sclerosis and the Hepatitis B Vaccine

Speaking of the vaccine connection to multiple sclerosis, this link will take you to a graph on the ***MedAlerts Blog***, that **shows a high correlation of multiple sclerosis with the Hepatitis B vaccine.** http://www.medalerts.org/analysis/archives/650

The site also shows and describes **how to create a graph from VAERS data, allowing the ability to identify which vaccine adverse events are associated with particular vaccines.** The site is designed and maintained by a computer scientist named **Steven H. Rubin PhD**. Dr. Rubin is not a medical professional. Instead, **he has over 40 years of experience as a computer scientist and knows how to decipher the numbers behind the statistics**. The about tab on his site explains about his experience and what he monitors.

## Documented cases of Central Nervous System (CNS) demyelinating diseases caused by vaccine reactions

A study published in the Journal of ***Autoimmunity Reviews*** 2014, titled, **The spectrum of post-vaccination inflammatory CNS demyelinating syndromes**, cites numerous published cases of CNS demyelinating diseases caused by vaccination. https://www.ncbi.nlm.nih.gov/pubmed/?term=24514081

**From the article:**

"A wide variety of inflammatory diseases temporally associated with the administration of various vaccines, has been reported in the literature."

The most commonly reported vaccinations that were associated with CNS demyelinating diseases included:

- Influenza
- human papilloma virus (HPV)
- hepatitis A or B
- rabies
- measles
- rubella
- yellow fever
- anthrax
- meningococcus
- tetanus.

"The vast majority of post-vaccination CNS demyelinating syndromes, are related to influenza vaccination and this could be attributed to the high percentage of the population that received the vaccine during the HI1N1 epidemia from 2009 to 2012. Usually the symptoms of the CNS demyelinating syndrome appear few days following the immunization (mean: 14.2 days) but there are cases where the clinical presentation was delayed (more than 3 weeks or even up to 5 months post-vaccination) (approximately a third of all the reported cases). In terms of the clinical presentation and the affected CNS areas, there is a great diversity among the reported cases of post-vaccination acute demyelinating syndromes."

**The percentage of cases are as follows:**
Optic neuritis- 35% (Inflammation of the optic nerve)
Multifocal disseminated demyelination*- 28%
Myelitis- 22% (Inflammation of the myelin)
Encephalitis- 16% (Brain inflammation)

*According to Wikipedia- "A *demyelinating* disease is any disease of the nervous system in which the myelin sheath of neurons is damaged. This damage impairs the conduction of signals in the affected nerves." Multiple Sclerosis is the most common demyelination disease and is an autoimmune condition. Multifocal means "multiple locations"

It's important to remember, that this article only focused on CNS demyelinating diseases and just on the few cases that were reported in the literature. Bear in mind, the number of actual cases that are reported to VAERS are between 1-10 percent and the number of reports making it into the literature is miniscule compared to the total number that are eventually reported to VAERS. It does shed some light on the approximate percentages of the different types of CNS demyelinating disorders caused by vaccine adverse reactions.

## 2018 study finds up to nearly 6 times greater chance of developing central nervous demyelinating disease like Multiple Sclerosis, in adults given the Hepatitis B vaccine, when compared to other vaccines

A 2018 study in the journal ***Drug Safety*** titled, **Central Demyelinating Diseases after Vaccination Against Hepatitis B Virus: A Disproportionality Analysis within the VAERS Database**, **finds that the incidence of central nervous system demyelinating diseases like Multiple Sclerosis are as much as 5.56 times greater of developing within 120 days after receiving the Hepatitis B vaccine when compared to other vaccines**. https://www.ncbi.nlm.nih.gov/pubmed/29560597

**From the study:**
"We calculated the proportional reporting rate (PRR) and reporting odds ratio (ROR) **of MS having occurred within the 120 days following HB immunization in adults aged 19-49 years when compared with other vaccines using the reports recorded in the VAERS database**."

"All computed ratios were found to be **statistically significant**, with PRRs ranging from **3.48 to 5.56** and RORs ranging from **3.48 to 5.62**. When considering the geographical origin, similar RORs were obtained for both US and non-US cases." ***(That translates into a 350-550% increase in developing central nervous system demyelinating disease like multiple sclerosis).***

"In VAERS, **MS cases were up to five times more likely to be reported after an HB vaccination than after any other vaccination**. Since DPA is mainly suited for hypothesis generation, further studies evaluating the nature of the link between MS and HB vaccination would be of considerable importance."

# TRANSMISSION OF THE VACCINE VIRUS TO OTHERS AND MUTANT STRAINS

## Persons getting certain vaccines pose a risk of transmission of that virus to others around them

### Recipients of the shingles vaccine Zostavax can transmit the virus to others through saliva

https://www.ncbi.nlm.nih.gov/pubmed/21592982
This article appeared in the ***Journal of Infectious Diseases*** June 2011. It is titled, **Varicella zoster virus DNA at inoculation sites and in saliva after Zostavax immunization**. Zostavax is a herpes zoster (Shingles) vaccine made by Merck. From the article:

"The detection of VZV DNA in saliva of Zostavax recipients for up to 28 days suggests that contact with saliva of recently immunized individuals represents a potential source of transmission."

"Zostavax contains live attenuated VZV, and the package insert warns newly vaccinated individuals to avoid contact for an unspecified time with newborn infants, immunosuppressed individuals, and pregnant women who have not had chicken pox or have not been immunized for chicken pox. Because VZV DNA is present in saliva of zoster patients for at least 2 weeks [5] and VZV in saliva can also be infectious [6], we examined the inoculation site and saliva of Zostavax-vaccinated subjects for the presence of VZV DNA for 4 weeks after immunization."

"In saliva collected over 28 days in 21 (58%) of 36 subjects (copy number, 20 to 248). Genotypic analysis of DNA extracted from 9 random saliva samples identified vaccine virus in all instances." That means that in 58% of the study subjects, the shingles (zoster) virus was identified in all 9 random samples collected from those subjects. That means that their body was shedding the virus. This makes transmission and infection highly likely of anyone is exposed to the saliva of those receiving the vaccine. This is one of the reasons that many vaccine manufacturers have gotten away from the live viruses and moved to the dead ones instead.

# Taking certain vaccines may put you at increased risk for infections from other strains of the disease.

## The flu vaccine (TIV), increases risk by 440% of catching other non-influenza viruses

This article appeared in the ***Clinical Infectious Diseases Journal*** in 2012 titled, **Increased risk of non-influenza respiratory virus infections associated with receipt of inactivated influenza vaccine**. This is a quote from that article. "Over the following 9 months, Trivalent Influenza Vaccine (TIV) recipients had an increased risk of virologically confirmed non-influenza infections (relative risk: 4.40; 95%confidence interval: 1.31-14.8). Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses".

"The phenomenon of virus interference has been well known in virology for >60 years".

## Strains are mutating due to the pertussis vaccination program making the vaccine ineffective

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3966384/ This article from the Journal ***Emerging Infectious Disease*** April 2014 titled, **Rapid Increase in Pertactin-deficient *Bordetella pertussis* Isolates, Australia**, expresses serious concerns that Pertussis strains are mutating beyond what the vaccine can protect against and the sharp rise in cases of pertussis are caused by this adaptation to the vaccine.

"This pattern is consistent with continuing evolution of *B. pertussis* in response to vaccine selection pressure."

"The multiple origins of prn-negative isolates also point strongly to selective pressure *(from vaccination against Pertussis),* on the bacterium. Therefore, it is conceivable that these prn-negative isolates are more likely to evade a vaccine-induced immune response."

"Continued monitoring of genotypic and phenotypic properties of *B. pertussis* is required to better understand the effects of vaccination on the evolution of the organism."

This study and many other current studies expressed the concern in the scientific community regarding the mutation of the pathogenic bacteria or virus that the vaccines are designed to protect against. This is reminiscent of what is happened with antibiotics. The overuse and overprescribing of antibiotics has contributed to massive mutation of bacteria into strains that are highly resistant to today's antibiotics. Concerns are arising in the scientific community that a similar phenomenon is emerging as a result of mass vaccination.

## Vaccines can cause mutant and more virulent (harmful) strains

A 2006 article from the ***The International Journal of Evolution,*** titled, **Vaccination, within-host dynamics, and virulence evolution,** scientists contend that vaccination can contribute to faster spreading and more harmful strains.

"We explore the potential consequences of vaccination on parasite epidemiology and evolution". *The reference to parasite in this case, can mean bacteria or viruses that uses the human as the host to replicate and thrive).*

"**We analyze the evolution of the replication rate of parasites and show that vaccination may promote the evolution of faster replicating and, consequently, more virulent strains."**

# THE SUDDEN INFANT DEATH CONNECTION WITH VACCINES

## Research scientist and author of 90 peer-reviewed papers lays out a credible case

**Sudden Infant Death (S.I.D.S.), SIDS is defined as "the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, death scene investigation, and review of the clinical history."**

**Viera Scheibner Ph.D. is a former research scientist. She has published three books and has authored 90 papers published in peer-reviewed scientific journals. She has done extensive research into vaccines and adverse reactions in children.** In 1983, she published the highly acclaimed book **The Medical Assault on the Immune System**. She has acted as an expert witness in vaccine cases world-wide.

**This is a commentary from her on S.I.D.S. posted on Health Freedom Idaho's website…**
https://healthfreedomidaho.org/court-rules-vaccines-contribute-to-and-cause-sids-deaths

**LITERATURE SEARCH ON SIDS**
"Then I asked myself, are we the only people who stumbled over the dangers of vaccines? Does the medical profession know about all this? Is there anything published in the medical literature? I began to do research in medical libraries, and to my absolute astonishment, there is no end to it. For my book, Vaccination, **I studied more than 30,000 pages of data published in medical journals about Crib Deaths after vaccinations.** In one study, there were 41 babies who died within 21 days of their first Triple Antigen injection, and there was a clustering of these deaths along those critical days we recorded in the babies' breathing after vaccination. **This is the ultimate evidence of the causal link between the administration of those vaccines and these deaths. In the so-called "Tennessee Deaths", hundreds of babies died there, after their DPT injections. *We soon established that the vaccines are killing babies, and Crib Deaths (SIDS) are 95% vaccine deaths.***"

## United States Vaccine Court ruling July 10, 2017 finds the Sudden Infant Death of a 4-month-old boy was vaccine related

In article published on the Vaccine Awareness Organizations website discusses a recent decision by the Office of Special Masters of the U.S. Court of Federal Claims, known as the vaccine court, that **sufficient evidence was put forth to rule that vaccination caused a child to die from Sudden Infant Death Syndrome (SIDS).**

https://www.vaccine-awareness.info/single-post/2017/11/08/New-Decision-in-US-Vaccine-Court-SIDS-Case-Is-Significant

The young boy, referred to here as J.B. had gone to the pediatrician monthly for well-will baby visits. Each but me he met or exceeded rule his developmental milestones. Then his parents took him in for his 4-month well-baby visit. During that visit, the pediatrician made the following notes: **"smiling and cooing like normal.**" According to the court documents, **he was described as "healthy appearing and cooperative…well-nourished and well developed."** In addition, J. B. Had achieved several developmental milestones for a healthy four-month-old. According to the report, "**During the 4-month well-baby visit, J.B. received DTaP, IPV, PCV, rotavirus, and Hep B vaccinations.** Testimony from his parents show later that day J.B. "**was not laughing or cooing like he normally did,** he was not moving as much and he seemed quiet and withdrawn." That night, J.B. had a fever and he did not sleep well. **Less than 24 hours later J.B. passed."** His parents pursued a case in the ***United States Court of Federal***

***Claims***, **otherwise known as Vaccine Court**. After a lengthy process and painstaking trial, the verdict came down in favor of the parents.

**This is the official conclusion of special master Gowen, the judge presiding over the case:**

*"In this case, **I have concluded that petitioners have presented sufficient evidence and testimony to entitle them to compensation** in the Vaccine Program. I have not concluded that vaccines present a substantial risk of SIDS….In this case, I have concluded, after review of the evidence, **that it is more likely than not that the vaccines played a substantial causal role in the death** of J.B. without the effect of which he would not have died."*

"*The role of inflammatory cytokines as neuro-modulators in the infant medulla has been well described and **is likely the reason for a significant number of SIDS deaths occurring in conjunction with mild infection.** I have concluded that it is more likely than not that the vaccine-stimulated cytokines had the same effect in this vulnerable infant during sleep."*

## A well-known and respected neurosurgeon answers the question, how could a vaccine cause Sudden Infant Death?

How would it be possible for the vaccine to do that? Russell Blaylock M.D., the prominent neurosurgeon that wrote the articles presented on pages 230 and 243.
http://articles.mercola.com/sites/articles/archive/2008/03/14/the-danger-of-excessive-vaccination-during-brain-development.aspx

This article titled, **The Danger of Excessive Vaccination During Brain Development**, answers that question. Here are some quotes from Dr. Blaylock summarizing what vaccines can do to the brain as it relates to SIDS and other neurological damage, especially when multiple vaccines are given.

*"They [pediatricians] hardly ever want to debate. But if you could tie one to a chair and debate them, **all they would talk about is one vaccine.** [They would say] Well, the adjuvant in one vaccine is really not that strong, it's weaker than it used to be and all this nonsense."*

"*And then you say, Mr. Pediatrician, **what if I multiply that times six?** Now that child is getting six times as high a dose of just the adjuvant. Some of these vaccines have three different viral antigens in them. So now **we're talking about dozens of immune stimulations**…all in one sitting…in a tiny baby. That's already had its microglia primed. You get an enormous secretion of inflammatory cytokines and glutamate powerfully. The child can die [of]…SIDS because remember the brainstem has the highest microglial concentration. That's where your breathing apparatus and cardiovascular system is controlled."*

Considering that J.B. received 5 vaccines in that one visit, combined containing significant amounts of aluminum, neuroexcitatory chemicals, formaldehyde, polysorbate 80 and numerous other ingredients including foreign DNA.

***Not every child suffers sudden infant death or even a serious adverse reaction to vaccines, but there is no denying that thousands of children are damaged every year. We need to figure out ways to identify children that are at risk due to genetic, maternal, environmental or co-morbidity factors.***

## The Haemophilus Influenza Type B (HIB) vaccine and Sudden Infant Deaths

An article published in the Journal ***Pediatrics*** in 2015 titled, **Adverse events following Haemophilus influenzae type b vaccines in the Vaccine Adverse Event Reporting System, 1990-2013**, reveals some disturbing statistics about the HIB vaccine, sudden infant deaths and other serious adverse reactions. The article looked at VAERS data from 1990-2013. https://www.ncbi.nlm.nih.gov/pubmed/25598306

**"RESULTS: VAERS received 29,747 reports after Hib vaccines; 5179 (17%) were serious, including 896 reports of deaths**. Median age was 6 months (range 0-1022 months). **Sudden infant death syndrome was the stated cause of death in 384 (51%) of 749 death reports with autopsy/death certificate records. The most common nondeath serious AE categories were neurologic (80; 37%), other noninfectious (46; 22%) (comprising mainly constitutional signs and symptoms); and gastrointestinal (39; 18%) conditions".**

**IMPORTANT: Considering that only 1-10% of adverse reactions are even reported to VAERS, even taking the more conservative 10% reporting into consideration, it would mean that 3,840 of the 8,960 reported deaths were classified as SIDS deaths during this time period.**

## Study finds a 16 times greater incidence of Sudden Infant Death after the fourth vaccine series

A 2011 study published in ***Statistics in Medicine***, titled **A modified self-controlled case series method to examine association between multidose vaccinations and death**, found a significant link between multi-dose vaccinations and Sudden Infant Death (SIDS), or what they call Sudden Unexpected Death (uSUD). https://www.ncbi.nlm.nih.gov/pubmed/?term=21337361

**From the study:**
"**We consider penta-*(5 in 1)* or hexavalent *(6 in 1)* vaccination as the exposure and unexplained sudden unexpected death (uSUD) as the event**."

**"By means of a study including 300 uSUD *(cases of Sudden Infant Death)*, a 16-fold risk increase after the 4th dose could be detected with a power of at least 90 per cent**. A general 2-fold risk increase after vaccination could be detected with a power of 80 per cent."

## A Study from the Journal *Vaccine* expresses concerns over a 1,300 percent increase in cases of Sudden Infant Death Syndrome (SIDS) after the introduction of the 6 vaccine combo shots

A 2006 German study from the Journal ***Vaccine*** titled, **Unexplained cases of sudden infant death shortly after hexavalent vaccination**, finds pathological changes in the brain from immune over-reactivity during the post-mortem autopsies.
**It also cites a possible 1,300 percent increase in SIDS after the hexavalent vaccine (six vaccine combo shot) between 2001-2004.**
https://www.researchgate.net/publication/7833641_Unexplained_cases_of_sudden_infant_death_shortly_after_hexavalent_vaccination

**"Polyvalent vaccines like Hexavac® and Infanrix Hexa® were developed to increase acceptance of vaccinations by decreasing the number of necessary injections. Compared to their pentavalent predecessors, these hexavalent vaccines additionally contain hepatitis B serum. They are used for immunisation against diphtheria, pertussis, tetanus, influenza, poliomyelitis and hepatitis B. Hexavac® and Infanrix Hexa® are available in European markets since October 2000**. Until April 2003, approximately 3 million children have been vaccinated in this way and about 9 million doses were sold in the European union during this time. Children are to be vaccinated with these vaccines at the age of 2, 4, 6 and 12–14 months."

"We report six cases of sudden infant death after hexavalent vaccination that were autopsied and examined at the Munich Institute of Legal Medicine from 2001 to 2004. Among those investigated children, three were male and three female, ageing between 4 and 17 months. Five children had been vaccinated with Hexavac®, one with Infanrix Hexa® **during the past 48 h before death**. **Shortly after the vaccination, three of the children developed symptoms like tiredness, loss of appetite, fever up to 39 ◦C and insomnia. All children were found dead without explanation 1–2 days after the vaccination**. These children underwent a forensic post-mortem examination. They were assumed to be typical cases of SID (sudden infant death) because there was no history of a serious illness, and since all children died suddenly and unexpectedly. **In addition to neuropathologic and histologic abnormalities, all of these children showed an extraordinary brain edema**, which made them exceptional to other SID cases."

"Abnormal neuropathologic findings were acute congestion, **defective blood–brain barrier**, slight infiltration of the leptomeninx *(coverings of the spinal cord)* by macrophages and lymphocytes, perivascular lymphocytic infiltration, diffuse **infiltration of the pons**, mesencephalon and cortex by T-lymphocytes, **microglia in the hippocampus and pons, and in one case a necrosis *(dead tissue)* in the cerebellum." All of this indicates significant immune activation.**

Interestingly, the pons is a part of the brain that relays signals from the brain into the spinal cord. **One of the functions it controls is respiration (breathing). The pons is part of the brain stem**. *(see the picture here)* https://sciencetrends.com/function-pons-brain/ .

**Three of the vital functions of the brain stem is breathing, consciousness and cardiac function.**
https://www.princetonbrainandspine.com/brain/brain-anatomy/

**Apparently, the multi-dose vaccines cause an upregulation of immune activity and swelling in vital areas of the brain that control breathing, cardiac function and consciousness. Loss of these functions can most certainly cause death**.

**Continuing from the article:** "Autopsy and all further investigations did not reveal other serious abnormalities that could have lead to the deaths of the children."

"**The increased tryptase levels and numbers of eosinophile granulocytes suggest that an anaphylactic reaction developed after the vaccination**. As time to death seems comparably long for an acute anaphylactic reaction, **a delayed immune reaction has to be discussed**."

"**Prior to the release of hexavalent sera (in the years 1994–2000), we observed only one child out of 198 cases with sudden unexplained infant death who died shortly after vaccination (DTP). However, between 2001 and 2004 five of such cases were identified in our institution among 74 children with SID. This would indicate a 13-fold increase** (the local autopsy rate for infants is about 70%). **A recent analysis of all cases known to German authorities showed death rates that were to be expected statistically for the first day after vaccination. As four of those 10 cases were autopsied at Munich, although the Munich institute represents just 7.8% of the German population, a real number of about 50 cases might be expected, that is, 500% of the statistic figures to be expected.**"

"**We reported these six cases to direct attention to a possibly serious vaccination side effect**. So far, there is no way to proof that these infant deaths are caused by vaccination. Therefore, the relation between the vaccinations and the death of the children must remain uncertain. Nevertheless, we feel that **it is important to inform vaccinating physicians and pediatricians as well as parents about such possibly fatal complications after application of hexavalent vaccines**."

The multiple vaccines are a way to help insure compliance, **but at what cost? Aside from the increased risk of SIDS, what are the additional immune and neurological ramifications of dumping a combination of chemicals, adjuvants, foreign DNA and other biological components into the body all at once**. This is especially concerning in young children when the **Blood Brain Barrier** has not matured enough to prevent direct access into the brain. And remember, it's not just the combo vaccines that increase the risk of adverse reactions. **Children are often given several different individual vaccines at the same visit for a matter of convenience and an attempt to increase compliance. This practice needs to be DISCONTINUED.**

## Increase in S.I.D.S. after vaccination with 6 in 1 vaccines

### The European Journal of Pediatrics echoes the concern over the increase in SIDS after hexavalent (combo of six) vaccines

A 2005 study published in the ***European Journal of Pediatrics*** titled, **Sudden and unexpected deaths after the administration of hexavalent vaccines (diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Haemophilius influenzae type b): is there a signal?**, finds that the hexavalent vaccine given in the second year of life caused mortality rates **(death rates) on the first day after vaccination that were 31.3**

**times greater than national vital statistics rates! Sudden unexpected death (SUD), rates on the second day after vaccination were 23.5 times greater than the national rates!**
https://www.ncbi.nlm.nih.gov/pubmed/15602672

**From the abstract:**
"**Deaths in temporal association with vaccination of hexavalent vaccines have been recently reported.** The objective of this paper is to assess whether these temporal associations can be attributed to chance. **Standardised mortality ratios (SMR)** for deaths within 1 to 28 days after administration of either of the two hexavalent vaccines in the 1st and 2nd year of life were determined using the respective annual rates for sudden unexpected deaths (SUDs) from the national vital statistics."

"Vaccine A, SMRs exceeded one insignificantly on the 1st day after vaccination in the 1st year of life. In the 2nd year of life, however, **the SMRs for SUD cases within 1 day of vaccination with vaccine A were 31.3…; two cases observed; 0.06 cases expected) and 23.5…; for within 2 days after vaccination (three cases observed; 0.13 cases expected)."**

The article goes on to say that the research does not prove a "causal" relationship between the vaccine and the unexpected deaths, but that it is a signal to prompt intensified surveillance. **If a 3,130% (31 times) increase in unexpected deaths does not prove a causal relationship I don't know what would! Yet, they call it a signal. I would call that a major understatement! It would be like someone calling the first torpedoes hitting our fleet in Pearl Harbor just a "signal" that Japan may be interested in hostilities. Signal indeed!**

## Another hexavalent vaccine related sudden infant death

A 2008 article from Forensic Science International titled, **Beta-tryptase and quantitative mast-cell increase in a sudden infant death following hexavalent immunization**, cited that investigators concluded that the infant died from "acute respiratory failure, likely due to post-hexavalent immunization-related shock was the cause of death." https://www.ncbi.nlm.nih.gov/pubmed/18538957

**From the Abstract:**
"The association between sudden infant death syndrome and immunization is frequently discussed. Serious adverse events following vaccination have generally been defined as those adverse events that result in permanent disability, hospitalization or prolongation of hospitalization, life threatening illness, congenital anomaly or death. They are generally referred to the inherent properties of the vaccine (vaccine reaction) or some error in the immunization process (programme error). The event could also be totally unrelated but only temporally linked to immunization (coincidental event). **A fatal case of a 3-month-old female infant, who died within 24 h of vaccination with hexavalent vaccine is presented**. Clinical data, post-mortem findings (acute pulmonary oedema, acute pulmonary emphysema), quali-quantitative data collected from immunohistochemical staining (degranulating mast cells) and laboratory analysis with a high level of beta-tryptase in serum, 43.3 microg/l, **allows us to conclude that acute respiratory failure likely due to post hexavalent immunization-related shock was the cause of death.**"

## Case study discovers pathological changes in the area of the brainstem that controls the cardiac system and suspects the hexavalent vaccine as the cause

This 2006 case study is from **Virchows Archiv*. European Journal of Pathology.*** After post-mortem analysis, the researchers concluded that ALL instances of Sudden Infant Death, especially when the death occurs soon after a vaccination should undergo a full autopsy study of the brainstem region of the brain. This is area that controls breathing and heart functions and the area where they found damage to that vital area consistent with the vaccine given.

**The abstract:**
Experts from panels of ***the European Agency for the Evaluation of Medical Products*** have investigated whether there might be a link between hexavalent vaccines and some cases of deaths that occurred. Participants included pathologists with experience in the field of vaccines and sudden infant death syndrome who conducted autopsies. However, to the best of our knowledge, little, if any, attention was paid to examination of the brainstem and the cardiac conduction systems on serial sections, nor was the possibility of a triggering role of the vaccine in these deaths considered. **Herein we report the case of a 3-month-old female infant dying suddenly and unexpectedly shortly after being given a hexavalent vaccination. Examination of the brainstem on serial sections revealed bilateral hypoplasia of the arcuate nucleus. The cardiac conduction system presented persistent fetal dispersion and resorptive degeneration. This case offers a unique insight into the possible role of hexavalent vaccine in triggering a lethal outcome in a vulnerable baby. Any case of sudden unexpected death occurring perinatally and in infancy, especially soon after a vaccination, should always undergo a full necropsy study according to our guidelines.** https://www.ncbi.nlm.nih.gov/pubmed/16231176

**That recommendation to evaluate ALL infants dying from SIDS for this type of damage, was made over 12 years prior to the publishing of 1200 Studies. I have found zero information that this recommendation was EVER followed and to the best of my knowledge is NEVER done today. If not, why not?! Note: That was a rhetorical question, because I think those who understand the economic gain and power plays at work here know the answer full well.**

**For another example of the SIDS/vaccine connection, refer back to the 2018 article from the *Indian Journal of Medical Ethics* on pages 351-353, discussing the Pediarix hexavalent vaccine and the possible association with S.I.D.S. As you have seen in this document, there have been credible associations of vaccine related SIDS deaths from HIB, DTaP, Tdap, DPT and various combo vaccines including up to 6 vaccines given at once. Additionally, it is the practice of many doctors to add more vaccines on to the combo vaccines in the very same doctor visit. In my opinion, this is reckless and extremely risky, especially for those genetically susceptible children which have yet decided to screen and identify.**

# Vaccines may cause an increase in contracting other infections, in some cases resulting in death

## New evidence that the DPT Vaccine in Africa kills more children from other causes than it saves from Diphtheria, Pertussis, or Tetanus

A study published March 17, 2017 in the journal ***E BioMedicine*** titled, **The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment.** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360569/

**The lead author is famous for his work with vaccines in third world countries. He decided to look back at the data from the early 1980's and what he found was very alarming. Children that got the DPT vaccine had a 5X greater mortality (death) than those that did not get it. They did not die from diphtheria, pertussis or tetanus. They died from seizures, and other kinds of infections. Their immune systems were compromised by the DPT vaccine.**

**From the article:**
This is **not** the first time this association has been recognized. **Multiple previous studies have found that the DPT shot leads to an increase in mortality due to susceptibility to other infections. "Though protective against the target diseases, DTP may increase susceptibility to unrelated infections."**

One problem this study identified from previous studies was that the "unvaccinated" groups were usually children that were too sickly or frail to receive the vaccine. **That is why the significantly negative effects of the DPT vaccine were not recognized**. When the control group is that sickly compared to the vaccinated group, it makes sense that the problems in the DPT group didn't stand out from the sickly controls.

The authors said, "**The negative effect of DTP was much worse in this natural experiment than has been reported in previous studies of DTP. This is presumably due to the "unvaccinated" control children in previous studies having been a frail subgroup too frail to get vaccinated. Previous studies have not been able to compare DTP-vaccinated children with "normal" controls. Hence, most previous studies have probably underestimated the negative effect of DTP.**"

**The Conclusion:** "**It should be of concern that the effect of routine vaccinations on all-cause mortality was not tested in randomized trials. All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis**."

## The flu shot is also linked to increasing susceptibility to other viral respiratory infections

A 2012 study published in the Journal ***Clinical Infectious Diseases***, titled **Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine**, found that children who were vaccinated against influenza with the Trivalent Inactivated Influenza Vaccine (TIV), were nearly 4 ½ times more likely to develop laboratory confirmed secondary viral respiratory illness. Those infections included including significant increases in the risk of rhinovirus and coxsackie/echovirus infection and also included coronaviruses. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/

**From the study:** "We randomized 115 children to trivalent inactivated influenza vaccine (TIV) or placebo. Over the following 9 months, TIV recipients had an increased risk of virologically confirmed non-influenza infections (relative risk: 4.40; 95% confidence interval: 1.31-14.8). Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses."

# GENETIC FACTORS PLAY A ROLE IN VACCINE INJURY

# Factors that increase the risk of autism or other neurological/neurodevelopmental/immunological vaccine injury

## An inability to regulate oxidative stress and to methylate effectively, can contribute to damage from toxic metals and chemicals

A 2004 article published in the ***American Journal of Clinical Nutrition*** titled, **Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism**, hypothesized that oxidative stress and faulty methylation contribute to regressive autism. Oxidative stress is damage that occurs when "free radicals" or reactive molecules, exceed the body's anti-oxidant mechanisms. Methylation is a process that influences nearly every function in the body. It adds one carbon and three

hydrogens to turn on and removes them to turn off systems in the body. It's like billions of little on and off switches in your body correlating and regulating nearly everything. It also has to do with how our genes are expressed by interacting with our DNA. http://ajcn.nutrition.org/content/80/6/1611.long

**From the discussion:**
"Nineteen of the 20 children participating in the study **were diagnosed with "regressive" autism (apparently normal development, until regression into autism between ages 1.5 and 3 years)**.

"Relative to the control children, the children with autism had significantly lower baseline plasma concentrations of methionine, SAM, homocysteine, cystathionine, cysteine, and total glutathione and significantly higher concentrations of SAH, adenosine, and oxidized glutathione. **This metabolic profile is consistent with impaired capacity for methylation (significantly lower ratio of SAM to SAH) and increased oxidative stress (significantly lower redox ratio of reduced glutathione to oxidized glutathione) in children with autism**. The intervention trial was effective in normalizing the metabolic imbalance in the autistic children."

"On the basis of their abnormal metabolic profiles, **we hypothesize that an increased vulnerability to oxidative stress (environmental, intracellular, or both) and impaired methylation capacity may contribute to the development and clinical manifestation of regressive autism.**"

## Decreased ability to detoxify

This article titled, **Mercury and Autism: Accelerating Evidence** and published in ***Neuroendocrinology Letters*** Oct 26, 2005, suggested that children with autism have a decreased capacity for detoxification. https://www.ncbi.nlm.nih.gov/pubmed/?term=16264412

**"Recently, it was found that autistic children had a higher mercury exposure during pregnancy due to maternal dental amalgam and thimerosal-containing immunoglobulin shots (*vaccines given to the mother)*. It was hypothesized that children with autism have a decreased detoxification capacity due to genetic polymorphism (*defect*). In vitro, mercury and thimerosal in levels found several days after vaccination inhibit methionine synthetase (MS) by 50%. Normal function of MS is crucial in biochemical steps necessary for brain development, attention and production of glutathione, an important antioxidative and detoxifying agent. Repetitive doses of thimerosal lead to neurobehavioral deteriorations in autoimmune susceptible mice, increased oxidative stress and decreased intracellular levels of glutathione in vitro. Subsequently, autistic children have significantly decreased level of reduced glutathione (*this reduces their ability to eliminate toxins and metals*).** Promising treatments of autism involve detoxification of mercury, and supplementation of deficient metabolites." (Italicized comments are mine).

## An impaired ability to produce glutathione (the body's master antioxidant)

A 2009 article published in the ***Journal of Toxicology*** titled, **The Severity of Autism Is Associated with Toxic Metal Body Burden and Red Blood Cell Glutathione Levels**, suggests that the severity of autism is related to the body burden (load), of toxic metals.
https://www.ncbi.nlm.nih.gov/pubmed/?term=20107587

**From the conclusions:**
"Overall, the correlation analysis **found multiple significant correlations of severity of autism and the urinary excretion of toxic metals, such that a higher body burden of toxic metals was associated with more severe autistic symptoms**. The results of the regression analyses ($P < .005$ in all cases) indicate that variations in **the severity of autism may be partially explained in terms of toxic metal body burden**."

## A reduced ability to excrete heavy metals

Studies indicate that autistic individuals do not excrete heavy metals like aluminum and lead through the hair and nails like non-autistic individuals do.

In an article from the ***International Journal of Toxicology*** titled, **Reduced levels of mercury in first baby haircuts of autistic children**, researchers found that mothers of non-autistic children had higher levels of mercury exposure through dental amalgams, fish consumption and prenatal vaccines and that the correlation was linear, **meaning the level of mercury in the child's hair matched the level of mercury exposure from the mother and the childhood vaccines that they received. The higher levels of mercury in the child's hair (greater than seven times higher), indicated that their body was effectively excreting the mercury out of the tissues and through the hair. IMPORTANTLY, autistic children's hair samples showed significantly less excretion of the mercury, indicating that the toxic metal was staying in their tissues and not being eliminated.** And importantly, the severity of autism correlated with the degree of excretion through the hair, meaning that the most severe cases had the least excretion and the less severe cases were excreting more mercury. **This is a highly significant finding that lends credence to the claim that mercury exposure though vaccines correlates with autism.**
https://www.ncbi.nlm.nih.gov/pubmed/?term=12933322

**From the study:**
"Reported rates of autism have increased sharply in the United States and the United Kingdom. One possible factor underlying these increases is increased exposure to mercury through thimerosal-containing vaccines, but vaccine exposures need to be evaluated in the context of cumulative exposures during gestation and early infancy. Differential rates of postnatal mercury elimination may explain why similar gestational and infant exposures produce variable neurological effects."

"**Hair mercury levels in the autistic group were 0.47 ppm versus 3.63 ppm in controls, a significant difference**. The mothers in the autistic group had significantly higher levels of mercury exposure through

Rho D immunoglobulin injections and amalgam fillings than control mothers. Within the autistic group, hair mercury levels varied significantly across mildly, moderately, and severely autistic children, with mean group levels of 0.79, 0.46, and 0.21 ppm, respectively. Hair mercury levels among **controls** were significantly correlated with the number of the mothers' amalgam fillings and their fish consumption as well as exposure to mercury through childhood vaccines, correlations that were absent in the autistic group. **Hair excretion patterns among autistic infants were significantly reduced relative to control**."

**The suggests that autistic individuals do not excrete mercury efficiently. Therefore, the mercury in the system has greater opportunity to become stored in the brain and other organs.**

## Genetic susceptibility to Thimerosal needs to be addressed

This article from the ***Journal of Toxicology*** 2013 titled, **B-Lymphocytes from a population of Children with Autism Spectrum Disorder and their unaffected siblings exhibit hypersensitivity to thimerosal**, showed that there is **a genetic predisposition to sensitivity to thimerosal**.
https://www.ncbi.nlm.nih.gov/pubmed/23843785

**From the study:**
"ASD is a disorder caused by a problem in brain development. If the B-cells from the families in the AGRE collection are at all representative of the neurons in the brains of the cell donors, we can say that a third of them have a sensitivity to thimerosal that would restrict cell proliferation at levels that were/are typically found after vaccination."

"In our recently published work, we have shown that the mitochondria of normal human astrocytes accumulate the ethylmercury lipophilic cation and that after this primary insult cell death occurs. Here we show that a subpopulation of four individuals with autism, along with some of their siblings, have B-cells exhibiting hypersensitivity toward thimerosal that can be attributed to their mitochondrial phenotype. **Thus, certain individuals with a mild mitochondrial defect may be highly susceptible to mitochondrial specific toxins like the vaccine preservative thimerosal**."

**Other studies have implicated genetic variances that render certain individuals from excreting heavy metals like mercury, aluminum and lead. Furthermore, antibiotics seem to contribute to this susceptibility in certain children.** http://www.1796kotok.com/pdfs/haley.pdf

**Here are some excerpts from this study:**
"**In summary, it appears as if autistics represent a subset of the population that are more susceptible to the toxic effects of mercury and thimerosal because they are not efficient excretors of these toxic materials**. **Further, it appears as if the sex hormones play a major role in susceptibility with the male hormones increasing susceptibility to the neurotoxicity of ethylmercury and the female hormones affording a good degree of protection.** Common sense tells us that a lead toxic person would be more susceptible to mercury toxicity than a healthy, non-toxic person. Research confirms this and we routinely observe that many heavy metals increase the apparent toxicity of low levels of mercury. **It is well known that a milk diet will cause the retention of mercury as does the exposure of mammals to**

**certain antibiotics. This would make infants with ear infections prime candidates for mercury retention toxicity. Certainly, the findings of aberrant biochemistries in the autistic child that appear to correlate with mercury sensitive enzymes increases the possibility of mercury involvement in autism causation**."

"Finally, the synergistic effects of other heavy metals, diet, antibiotics, etc. on mercury toxicity **make it impossible to define a "safe level of mercury exposure**." Therefore, it is imperative that we try to eliminate all exposure to mercury; and removal from dentistry and medicines is most important and critical for human health."

## Aluminum and other adjuvants in vaccines can stimulate inflammatory cytokines and increase allergic reaction in genetically susceptible individuals

In the ***Journal of Immunotoxicology*** 2013, an article appeared titled, **How aluminum adjuvants could promote and enhance non-target IgE synthesis in a genetically-vulnerable sub-population**. The researchers in this study **found that the adjuvants including aluminum, can increase levels of inflammatory cytokines (proteins) that stimulate IgE antibody reactions (immediate strong allergic reactions) in excess, and can lead to atopy (allergies, asthma and eczema) in genetically susceptible individuals**. https://www.ncbi.nlm.nih.gov/pubmed/?term=22967010

**From the study:**
"Aluminum-containing adjuvants increase the effectiveness of vaccination, but their ability to augment immune responsiveness also carries the risk of eliciting non-target responses, especially in genetically susceptible individuals."

"These genetic factors may therefore define a genetically-vulnerable sub-population, children with a **family history of atopy *(allergies, asthma and eczema)*,** who may experience an exaggerated T(H)2 immune response to aluminum-containing vaccines. IL-4, sCD23, and IgE are common factors for both atopy and the immune-stimulating properties of aluminum adjuvants."

"These actions provide a mechanism for aluminum-adjuvant promotion and enhancement of non-target IgE in a genetically vulnerable sub-population. **Identification of these individuals may decrease the risk of adverse events associated with the use of aluminum-containing vaccines**."

**Ultimately, vaccine manufacturers need to clean up their act and develop technologies that replace the ingredients in vaccines that are potentially harmful. Until then, one of my greatest desires is that genetic testing will become available for infants that can identify those infants that are at risk for being damaged by these immune stimulating adjuvants in vaccines.**

## Genetic variations discovered leading to increased risk of adverse reactions to vaccines

A 2008 study published in the ***Journal of Infectious Diseases*** titled, **Genetic Basis for Adverse Events Following Smallpox Vaccination** identified common genetic variations that can make a person susceptible to adverse reactions to toxins in vaccines.
https://academic.oup.com/jid/article/198/1/16/841083

**Conclusions—"**Genetic polymorphisms in an enzyme previously associated with adverse reactions to a variety of pharmacologic agents (*MTHFR*) and an immunological transcription factor- *IRF1(Interferon Regulatory Factor),* were associated with AEs after smallpox vaccination in two independent study samples. These findings highlight common genetic variants with promising clinical significance that merit further investigation."

## Further evidence that an interplay between genetics and environmental triggers can be at the root cause of Autism Spectrum Disorder

A 2017 article published in the journal ***Advances in Experimental Medicine and Biology*** titled, **Epigenetics of Autism Spectrum Disorder,** explores the connections between genetic predisposition including DNA methylation abnormalities, environmental influences and gene expression on brain development. https://www.ncbi.nlm.nih.gov/pubmed/?term=28523541
**From the article: "**The etiopathogenesis *(cause),* of ASD is known to be complex, including genetic, environmental and epigenetic factors. Normal epigenetic marks modifiable by both genetics and environmental exposures can result in epigenetic alterations that disrupt the regulation of gene expression, negatively impacting biological pathways important for brain development."

## Genetic predispositions that reduce the capability to detoxify, linked to autism

In an excellent 2018 article with 230 references, published in ***Autism Open Access*** titled, **Autism is an Acquired Cellular Detoxification Deficiency Syndrome with Heterogeneous Genetic Predisposition**, Dr. James Lyons-Weiler does an outstanding job of tying together very complicated genetic predispositions, biochemical relationships and their role is the development of autism.

**From the Abstract:**
"Neurodevelopmental disorders, including autism spectrum disorders, have a complex biological and medical basis involving diverse genetic risk and myriad environmental exposures. Teasing apart the role of specific stressors is made challenging due to the large number of apparently contributing associations, gene x environment interactions and phenomimicry." *Phenomimicry is where two separate*

*distinct conditions can have overlap in traits, as in Autism Spectrum Disorder (ASD) and Specific Language Impairment (SLI).*

"This model explains the aberrant protein disorder observed in ASD; the great diversity of genes that are found to have low, but real contributions to ASD risk and the sensitivity of individuals with ASD to environmental toxins. The hindrance of detoxification and loss of cellular energetics leads to apoptosis, release of cytokines and chronic neuroinflammation and microglial activation, all observed hallmarks of ASD."

"Reduction of exposure to toxins known to cause mitopathy (mercury) and endoplasmic reticulum dysfunction (mercury and aluminum) during pregnancy and during the early years of development will reduce the risk of ER overload and ER hyperstress, and of ASD diagnosis. This knowledge has immediate clinical translational relevance: Post-vaccination symptoms should be heeded as a sign of susceptibility to toxin; Vitamin D can be increased to drive the healthy early phases of the unfolded protein response (UPR), and mutations in ASD genes encoding proteins with high intrinsic disorder may contraindicate the use of aluminum and mercury for carriers of risk alleles. Clinicians should be alert to a patient's Vitamin D receptor (BSM) mutational status prior to recommending increased doses. Approaches to improving overall brain health in autistics must be de-stigmatized and given high priority. Reduction of lifetime exposures of industrial and agricultural toxins will improve brain health for the entire human population. **Purely genetic studies of ASD, and studies that do not include vaccination as an environmental exposure with potential liability and interactions with genes, are unethical**."

"Skilled pediatricians and ob/gyns will seek evidence of genetic predisposition to environmental susceptibility in the form of non-synonymous substitutions in brain proteins that require ER-folding, and they will provide informed cautions on exposures (from all sources) to environmental toxins to patients and parents of patients with signs of metal and chemical sensitivity. To aid in this, a list of ASD environmental susceptibility protein-encoded genes is presented. A clinical exome sequence test, followed by loss-of-function prediction analysis, would point to individuals most susceptible to vaccine metal-induced ER hyper stress."

**From the Conclusion:**
"Since a small percentage is influenced, one can predict the failure of most epidemiological studies to detect the effect at the whole-population level. **Mandates for vaccinations are not ethical, as the condemn with certainty a minority of individuals to pain and suffering for the benefit of the majority. Medical clinical exome sequencing will also prove lucrative to pediatric and ob/gyn practices, the freedom of choice to vaccinate or not vaccinate can be better respected, and doctors will be able to fulfill their duty to obtain truly informed consent on risk instead of relying on overgeneralizations that place families in their care at increased risk of stresses from lifelong disability, increased cost of medical care, job loss, and divorce.** Studies are needed to determine the relative contribution of various sources of ER-stress to ASD and other neurodevelopmental disorders and the effects of avoidance of ER stressors on ASD risk. The most ethical of these studies would be interventional, (eg: Vaccination cessation in ASD) to measure the effects of avoidance of these toxins alone and in pairs to measure singular and interaction neurotoxities, combined with vitamin

supplementation and serum level monitoring of both vitamin levels and parochial pollutants that accumulate due to detoxification deficiency. **Much additional published research is consistent with the vaccine/autism hypothesis, which should now be formally adjusted to "Vaccines may induce autism in a genetic minority of patients**".

## Genetic factors triggered by various chemicals, heavy metals like mercury or aluminum and even maternal antibodies can manifest in autistic spectrum disorders

A 2010 study from the ***Journal of Cellular Molecular Neurobiology*** titled, **Understanding and determining the etiology of autism,** identifies yet another genetic predisposition which can trigger reactions to heavy metals, vaccines and other environmental insults causing neurological and developmental delays. https://www.ncbi.nlm.nih.gov/pubmed/?term=19774457

**From the summary:** "Worldwide, the rate of autism has been steadily rising. There are several environmental factors in concert with genetic susceptibilities that are contributing to this rise. Impaired methylation and mutations of mecp2 have been associated with autistic spectrum disorders, and related Rett syndrome. Genetic polymorphisms of cytochrome P450 enzymes have also been linked to autism, specifically CYP27B1 that is essential for proper vitamin D metabolism. Vitamin D is important for neuronal growth and neurodevelopment, and defects in metabolism or deficiency have been implicated in autistic individuals. Other factors that have been considered include: maternally derived antibodies, maternal infection, heavy metal exposure, folic acid supplementation, epigenetics, measles, mumps, rubella vaccination, and even electromagnetic radiation. In each case, the consequences, whether direct or indirect, negatively affect the nervous system, neurodevelopment, and environmental responsive genes."

## Parents, especially mothers with autoimmune disease are 50% more likely to have an autistic child

Another article published in 2010 titled, **Parental Autoimmune Diseases Associated With Autism Spectrum Disorders in Offspring**, published in the journal ***Epidemiology*** found that parents with autoimmune conditions (especially mothers), have up to a 50% greater chance of having an autistic child. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3115699/

**From the study:** "This study supports previous reports that the prevalence of autoimmune disorders is elevated in families of persons diagnosed with an autism spectrum disorders, especially for mothers of children with autism. This study was large and population-based, and it used complex record linkages to provide extensive health data on individuals for many years, which may have avoided some selection and recall issues of earlier studies."

"Animal studies have shown differential cytokine profiles and autism-like characteristics in offspring induced by prenatally exposing mice and rhesus monkeys to a human case-mother's IgG. Together, these studies suggest that nonspecific autoimmune reactivity in parents, (primarily mothers) may be related to autism in offspring. This literature could be interpreted in 2 ways: (1) some cases of autism spectrum disorders result from adverse conditions caused by altered autoimmune response during the prenatal or early postnatal period, **possibly by enhancing susceptibility to other agents *(i.e.chemicals or vaccines)***, or (2) some familial factors are concurrently associated with both autism spectrum disorders and autoimmunity."

"**We observed nearly 50% higher odds of being diagnosed with autism by age 10 years among children whose parents had any autoimmune disease**."

## One possible explanation as to why boys are more susceptible than girls to autism or intellectual disability

A 2010 article from the journal ***Science Translational Medicine*** titled, **Disruption at the *PTCHD1* locus on Xp22.11 in autism spectrum disorder and intellectual disability**, offers one possible explanation for the approximately 4 times greater incidence of autism in boys than girls. It has to do with mutations at a particular gene (PTCHD1), or nearby DNA sequencing on the X chromosome inherited from their mother. The father contributes a Y chromosome and the mother an X chromosome. Girls have 2 X chromosomes, which help to shield them from having one of them dysfunction at this gene level. The study found that approximately 1 percent of those individuals with autism have mutations relating to the PTCHD1 gene. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2987731/

**From the article:**

"We have identified microdeletions that directly disrupt the *PTCHD1* gene in males in three families affected with either ASD, ID or learning disability. These deletions are maternally inherited and were not observed in more than 10,000 controls, **which indicates that these alterations are associated with ASD and ID**. We also report seven maternally inherited missense mutations in eight male probands. These variants were not seen in more than 500 controls, **which further supports a possible role of this gene in autism and ID.**"

"Moreover, mutations in several X-linked ID (XLID) genes (e.g. *NLGN4* and *IL1RAPL1*) **have been shown to result in an autistic phenotype, which suggests that autism and ID may often share a common genetic etiology**."

To emphasize, this study and others like it do not mean that there is a genetic **cause** of autism. The genetic defects (which we all have various forms of), **predispose** an individual to developmental issues, or even health problems later in life. This is part of our "hard wiring" of our genes. Despite our hard wiring faults, we don't necessarily express those problems unless we are exposed to different "triggers" that activate or turn on that part of the gene sequence. The ability to control or determine the **expression** of our genetic makeup in this way is called ***epigenetics.***

Learning about these variations and mutations, **can afford us the opportunity to intervene by avoiding potential triggering mechanisms. Vaccines given prenatally or after birth, may very well be one of the primary triggering mechanisms that cause the manifestation or expression of these neurodevelopmental and learning disabilities, including autism**. Other triggers may include exposure to environmental chemicals and toxicity, whether in utero or after birth.

**We need to further develop and utilize genetic screening for women who become pregnant and for their newborn children**. This will afford doctors the ability to discern which women and newborns will need to forego the introduction of chemicals, metal, foreign DNA and other component contained in vaccines. **These women and children will also need to avoid exposure to other chemicals and toxins. Pregnant women minimizing the consumption of swordfish and tuna, thus avoiding mercury is a good example of this.** That practice is good to follow regardless, but if you know that you are at higher risk you should take that advice and implement it on a total avoidance level.

## Vaccinomics is a concept that may provide assistance in identifying people who are genetically susceptible to vaccine injury and offer alternative options

This concept has been around in the research circles for many years, but has yet to gain real practical traction. The article in **Scientific American** by Melinda Wenner-Moyer dated June 24, 2010, titled, **Vaccinomics: Scientists are Devising Your Personal Vaccine**, addresses the different benefits of creating a personalized approach to vaccine administration. According to the article, Gregory Poland, the head of the ***Mayo Clinic's Vaccine Research Group***, has been working to unite the fields of genomics and vaccinology – what he calls vaccinomics for 22-years. The article states that he has been trying to do this in part, because "he has never been fully pleased with the vaccine paradigm." https://www.scientificamerican.com/article/vaccinomics-personal-vaccine/

It is encouraging on one hand that there are scientists that are trying to make safer and more effective vaccines, but on the other hand it is discouraging that at the time this article was written, Dr. Ploand had been working on this concept for 22-years. That means he started in 1988. It is now 2019 and I'm not too sure that we are any closer to a shift in the vaccine paradigm that we were in 2010, or 1988 for that matter. Could it be that Big Pharma is just too comfortable with the status quo? They are making billions of dollars just the way things are. The one size fits all approach has returned record and ever-increasing profits to their shareholders. And it's done it with ZERO liability to them for the people that are left damaged in the wake of their juggernaut. What's their motive to change? (That is a rhetorical question of course).

# VACCINES ARE SUSPECTED TO CAUSE DNA DAMAGE THAT IS PASSED DOWN MULTIPLE GENERATIONS

## Solid evidence suggests that prenatal environmental exposures by chemicals and metals, can cause adult diseases and even generational DNA mutations!

A 2011 study published in Reproductive Toxicology titled, **Prenatal environmental exposures, epigenetics, and disease**, **mirrors several other articles in recent years finding that prenatal exposure to toxins including heavy metals and endocrine disrupting chemicals (which are found in numerous vaccines), can lead to DNA mutations and result in disease later in life. The absolutely crazy thing is that these mutations are also thought to carry on to up to 3 or more generations.** In other words, if you are exposed to these toxins as a pregnant mother and those toxins create DNA mutations in your child, the same mutations and thus predisposition to resultant disease could be carried down to the woman's grandchildren, great grandchildren and even great-great grandchildren!
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3171169/

**From the article:**
**Abstract- "This review summarizes recent evidence that prenatal exposure to diverse environmental chemicals dysregulates the fetal epigenome, with potential consequences for subsequent developmental disorders and disease manifesting in childhood, over the lifecourse, or even transgenerationally *(WOW!)*.** The primordial germ cells, embryo, and fetus are **highly susceptible** to epigenetic dysregulation **by environmental chemicals**, which can thereby exert multiple adverse effects. The data reviewed here on environmental contaminants have potential implications for risk assessment although more data are needed on individual susceptibility to epigenetic alterations and their persistence before this information can be used in formal risk assessments. The findings discussed indicate that identification of environmental chemicals that dysregulate the prenatal epigenome should be a priority in health research and disease prevention."

"The epigenome is susceptible to dysregulation throughout life; however, it is thought to be most vulnerable to environmental factors during embryogenesis, which is a period of rapid cell division and epigenetic remodeling."

"In 1992, Barker and colleagues laid the groundwork for the "fetal basis of adult disease" (FEBAD) hypothesis, postulating that, because organs undergo developmental programming *in utero* that predetermines subsequent physiologic and metabolic adaptation during adult

life, **prenatal insults** such as nutritional deprivation or **environmental exposures that disturbed developmental programming could lead to a higher risk of disease in adulthood**."

"The FEBAD hypothesis has been supported by evidence that fetal nutrient availability, other intrauterine factors, and external environmental factors **can cause serious consequences in later life by permanently reprogramming** the functional capacity of organs. Classical examples include the association of low or lower birth weight with increased risk of adult onset cardiovascular disease, type 2 diabetes mellitus, osteoporosis, depressive disorders and certain cancers."

"As reviewed by Baccarelli and Bollati, studies in adults **have demonstrated epigenetic changes related to environmental exposure to metals, air pollution, benzene and persistent organic pollutants**. For example, in a study of adult coke oven workers and controls, global and IL-6 hypermethylation and *p53* hypomethylation were associated with PAH exposure [58]. In workers exposed to the leukemogen, benzene, epigenomic data showed effects of benzene on DNA methylation of a number of specific genes."

"With respect to prenatal exposures, there is an increasing body of evidence that **diverse pollutants alter epigenetic programming and disease risk in the F1 and even F2 and F3 generations**. **These include arsenic, tobacco smoke, air pollutants, and endocrine disrupting chemicals."**

"**Three generations at once are exposed to the same environmental conditions (diet, toxics, hormones, etc.)." The three are the mother (1), the fetus (2) and the fetuses' reproductive cells (testes or ovaries) (3). "In order to provide a convincing case for epigenetic inheritance, an epigenetic change must be observed in the 4th generation**." "Transgenerational epigenetic inheritance" refers to the transmission of a biological trait to subsequent generations via epigenetic modifications in the germline."

**This is of huge importance when it comes to the question of vaccines! Imagine the potential impact of the many chemicals highlighted earlier that are found in vaccines. There are known and suspected carcinogens (causes cancer), mutagens (causes genetic mutations), teratogens (causes malformation of an embryo), endocrine (hormone) disrupting chemicals (see in 2 pages), heavy metals like mercury and aluminum, neurotoxins, fetotoxins (poisonous to a fetus), neuroexcitatory agents, multiple antibiotics that are not supposed to be given together, solvents, disinfectants, foreign animal and human DNA fragments and retroviruses all found in vaccines! (see details and verification of all of these claims starting on page 109).**

How with any semblance of conscious, can we think that putting these types of compounds into the bodies of developing fetuses through their mother and into young infants, babies, toddlers and children would not be putting them at risk? Massive amounts of credible science disagree with this practice. In addition to all of that, the long-term longitudinal studies of combining all of these toxic compounds have not been done. How may this be contributing to the epidemic of chronic childhood and adult diseases we are seeing in westernized societies? And the thought of it impacting generations to come is a

daunting one. In other words, we could stop everything we are doing to cause the DNA and genetic damage and the descendants of today's impacted people, will still suffer from many of these epigenetic based toxicologically induced diseases.

## Damage to the germline (sperm or ova), can result in genetic defects affecting health for generations

A 2017 article published in ***Science*** titled, **Transgenerational transmission of environmental information in C. elegans,** found that in nematodes (roundworms) epigenetic influences are passed down at least 14 generations. https://www.ncbi.nlm.nih.gov/pubmed/?term=28428426

**From the Abstract:**
"The environment experienced by an animal can sometimes influence gene expression for one or a few subsequent generations. Here, we report the observation that a temperature-induced change in expression from a *Caenorhabditis elegans* heterochromatic gene array can endure **for at least** 14 generations."

Granted these creatures are not human beings and for us, we don't have the capability to look in the past and trace genetic deviations from epigenetic influences. In humans, given our lifespan and age of reproductive maturity, tracking future generational RNA and DNA mutations from as a result of epigenetic influences would take many decades by following generations of offspring. It does underscore however, the critical nature of the generational damage that exposure to chemicals un utero during developmental stages may cause.

## More evidence of chemical exposure causing disease in subsequent generations of offspring

In a 2014 study published in the Journal ***PLOS ONE*** titled, **Pesticide Methoxychlor Promotes the Epigenetic Transgenerational Inheritance of Adult-Onset Disease through the Female Germline**, demonstrates that a wide varity of chemicals can cause transgenerational mutations and disease. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4109920/pdf/pone.0102091.pdf

**From the study:**
"Environmental compounds including fungicides, plastics, pesticides, dioxin and hydrocarbons can promote the epigenetic transgenerational inheritance of adult-onset disease in future generation progeny following ancestral exposure during the critical period of fetal gonadal sex determination. This study examined the actions of the pesticide methoxychlor to promote the epigenetic transgenerational inheritance of adult-onset disease and associated differential DNA methylation regions (i.e. epimutations) in sperm."

"Observations indicate that the pesticide methoxychlor has the potential to promote the epigenetic transgenerational inheritance of disease and the sperm epimutations appear to provide exposure specific epigenetic biomarkers for transgenerational disease and ancestral environmental exposures."

"**The critical window of exposure for the germline is during fetal gonadal sex determination when epigenetic reprogramming in the primordial germ cell undergoes a DNA demethylation and remethylation**. The environmental insults promote an apparent **permanent** alteration in the germline epigenome (DNA methylation) that escapes epigenetic reprogramming after fertilization, **similar to an imprinted gene**. **This germline epigenetic inheritance will alter the embryonic stem cell epigenome such that all cell types derived will have an altered epigenome and transcriptome and those somatic cell types sensitive to this altered epigenome and gene expression will be susceptible to develop adult onset disease across generations**. A number of previous studies have shown environmental toxicants including the fungicide vinclozolin, plastics (bisphenol A and phthalates), pesticide (DEET and permethrin), dioxin, hydrocarbons (jet fuel), and dichlorordiphenyltrichloroethane (DDT) promote the epigenetic transgenerational inheritance of adult onset disease and sperm epimutations. Interestingly, the transgenerational epigenetic alterations (epimutations) in sperm appear exposure specific and may be useful as biomarkers of ancestral toxicant exposure and susceptibility to develop transgenerational adult onset disease."

"The toxic effects of methoxychlor in animal studies have been reviewed and they include adverse effects on fertility, early pregnancy and in utero development in females, **as well as altered social behavior in males after prenatal exposure**." *(Interesting, considering the behavioral and social effects we have learned in neurodevelopmental disorders including autism is predominant in males).*

**THE IMPACT OF ALL OF THIS IS HUGE, not only for the topic of the potential for damage chemicals in vaccines can cause, but prenatal environmental exposure as a whole. Vaccines contain endocrine (hormone) disrupting chemicals (EDCs). Examples discussed previously include nonylphenol ethoxylate, octylphenol ethoxylate and octoxynol-10 (Triton X-100). They also contain toxic metal like aluminum and mercury. They also contain chemicals that the material data safety sheets say have mutagenic (causing mutations of genes), teratogenic (causing malformation of an embryo) and carcinogenic (causing cancer) potential. Examples are phenol, Cetyltrimethylammonium bromide, 2-phenoxyethanol, β-propiolactone (carcinogenic), squalene, and polysorbate 80 (Tween-80). As you will learn later in this document, when polysorbate 80 was injected into newborn rats, it caused similar ovarian damage to injected diethylstilbestrol or D.E.S. (D.E.S. is the BANNED mutagenic chemical that caused birth defects mentioned in the medical errors section at the beginning of this e-Book). As the evidence previously in this document showed many of these chemicals and toxins can cross the placenta into the developing fetus! And many can easily cross the immature blood-brain-barrier (BBB).**

**Considering all of that, which of these chemicals are in the influenza and Tdap vaccines routinely given to pregnant women?**

## Vaccines given to pregnant women contain several chemicals and toxins that have the potential to cause damage to the fetal germ layer developmentally, potentially causing generational defects- Read which ones here:

**The T-dap and flu vaccines are recommended for pregnant women. The various brands contain these different ingredients: aluminum, mercury (multi-dose shots), formaldehyde, 2-phenoxyethanol, glutaraldehyde, polysorbate 80 (Tween 80), octylphenol ethoxylate (Triton X-100), nonylphenol ethoxylate, Cetyltrimethylammonium bromide, MSG, the antibiotics mentioned previously that are not supposed to be given in pregnancy because the warnings say they can cause fetal harm (Neomycin, Polymyxin, Gentamicin sulfate and Kanamycin).** You can review the dangers of these ingredients in the section on vaccine ingredients starting on page 109.

**You can see that these ingredients are in the influenza and Tdap vaccines here…**
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

**Some of those ingredients are listed as endocrine disrupting chemicals according the Material Safety Data Sheet (MSDS).**

**Now, with that in mind, read on…….**

# Endocrine (hormone) disrupting chemicals found in vaccines cause numerous health problems

## A 2017 article confirms the damaging effects of prenatal exposure to mercury, Endocrine Disrupting Chemicals (EDCs) and other toxins found in vaccines

This article ties the last section and this section together nicely. It discusses the effects of vaccine ingredients on the germ layer and generational DNA damage, as well the effects of Endocrine Disrupting Chemicals found in vaccines.

The article published in the journal ***Epigenomics*** and titled, **Effects of prenatal exposure to endocrine disruptors and toxic metals on the fetal epigenome**, provides convincing evidence that prenatal exposure to these toxins can cause altered epigenetic programming that will lead to adverse health outcomes later in life. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5827796/

**From the article:** "Exposure to environmental contaminants during pregnancy has been linked to adverse outcomes at birth and later in life. The link between prenatal exposures and latent health outcomes suggests that **these exposures may result in long-term epigenetic reprogramming**. **Toxic metals and endocrine disruptors are two major classes of contaminants that are ubiquitously present in the environment and represent threats to human health. In this review, we present evidence that prenatal exposures to these contaminants result in fetal epigenomic changes, including altered global DNA methylation, gene-specific CpG methylation and microRNA expression. Importantly, these**

**changes may have functional cellular consequences, impacting health outcomes later in life**. Therefore, these epigenetic changes represent a critical mechanism that warrants further study."

"**Mercury (Hg)-** Long known to be linked to adverse neurological outcomes, Hg exposure during pregnancy is associated with impaired attention, visuospatial and motor functioning, among other outcomes…. **Importantly, Hg bioaccumulates within the fetus**, suggesting an active transport mechanism across the placenta, although the mechanisms for such transport are unknown."

"While we have separated metals and endocrine disruptors in this review, it is important to note that **some toxic metals also act as endocrine disruptors**." ***Toxic metals are often referred to as metalloestrogens in the literature. This means that they act as pseudo or false estrogens in the body.***

"**As noted above with respect to toxic metals, all of the endocrine disruptors discussed here are known to cross the placental barrier**."

**"Mixtures-** In the environment, human populations are more likely to be exposed to mixtures of toxic substances, rather than single contaminants. Yet, few studies have been published that examine the effects of compound mixtures on the fetal epigenome, despite the fact that the chemicals reviewed here are often found within cord blood together. Those that were identified examine interactions between compounds, such as DDT and PBDE, or how cumulative exposure to a group of varied chemicals, **such as phenols** *(which are found in vaccines)*, may correspond to epigenomic changes in the fetus."

**"Discussion & future perspective- There is a growing body of evidence linking *in utero* and early life exposures to both toxic metals and endocrine disruptors to disorders present during early life and emerging later in life**. A mechanistic basis underlying the associations between these exposures and adverse health outcomes have often been difficult to elucidate. However, current research suggests that the epigenome may provide this critical link. With modifications that are both responsive to the environment **and may persist throughout the lifetime, epigenetics provides a mechanism for how environmental exposures create long-lasting biological changes in cellular functioning**. While, the epigenome plays a critical role throughout the human lifetime, **the prenatal period represents an especially sensitive developmental window during which epigenetic marks are first being established.** Notably, the specific window of environmental exposure during reproductive development is important in determining the effects observed. For instance, if exposure occurs during a critical developmental period for reproductive system development, these tissues may be especially susceptible to epigenetic alterations and downstream adverse health outcomes. Additionally**, if germ cells are exposed to toxic metals or endocrine disruptors, exposure may yield epigenetic reprogramming within every cell of the offspring. Then, during development, tissues sensitive to the resulting epigenomic reprogramming may have an elevated risk for disease development**. **Moreover, if germ cells are exposed, then multi- and transgenerational impacts may be observed."**

## Endocrine disrupting chemicals found in vaccines, pose a critical risk in utero and early in life

A 2014 article from the journal ***Vitamins and Hormones*** titled, **Endocrine-disrupting chemicals and human growth and maturation: a focus on early critical windows of exposure**, describes the very vulnerable time frame for exposure to endocrine disrupting chemicals during prenatal, neonatal and infancy. It also warns of the effects of these chemicals affecting future generations by damaging the reproductive DNA.

**From the abstract:**
"Endocrine-disrupting chemicals (EDCs) are exogenous substances that interfere with hormone synthesis, metabolism, or action. In addition, some of them **could cause epigenetic alterations of DNA that can be transmitted to the following generations**. **Because the developing organism is highly dependent on sex steroids and thyroid hormones for its maturation, the fetus and the child are very sensitive to any alteration of their hormonal environment**. An additional concern about that early period of life comes from the shaping of the homeostatic mechanisms that takes place also at that time with involvement of epigenetic mechanisms along with the concept of fetal origin of health and disease." https://www.ncbi.nlm.nih.gov/pubmed/24388185

## Endocrine disrupting and mimicking chemicals found in vaccines pose a significant risk

An article published in 2017 in the ***Annual Review of Public Health*** titled, **The Changing Epidemiology of Autism Spectrum Disorders** discusses endocrine disrupting chemicals found in vaccines as possible causative factors form autism. https://www.ncbi.nlm.nih.gov/pubmed/?term=28068486

**From the article: "Certain environmental chemicals cross the placenta and the blood–brain barrier, accumulate in developing brains, and interfere with normal neurodevelopment. Others disrupt hormone pathways or act on inflammatory pathways that may have downstream effects on brain development.** Epidemiologic investigation of environmental chemicals as potential ASD risk factors has increased over the last decade; most of this work is being done in the areas of air pollution and potential **endocrine disrupting chemicals (EDCs)**, topics on which we focus here."

"…EDCs are of concern because **they interfere with the activity of hormones critical in neurodevelopment, may interfere with immune system activity, and have been associated with a range of other neurodevelopmental endpoints**."

### The EDCs found in vaccines are:

**Mercury and Aluminum-** As discussed above, toxic metals like mercury and aluminum act as endocrine disruptors.

**Nonylphenol ethoxylate-** Found in The Fluvirin influenza vaccine.

**Octylphenol ethoxylate (Triton X-100)-** Found in the Fluzone Quadrivalent, High Dose and Intradermal influenza vaccines.

**Octoxynol-10 (Triton X-100)-** Found in the Fluarix Trivalent and Quadrivalent influenza vaccine.

These chemicals are commonly found in paints, solvents and adhesives. They have become a major problem as environmental pollutants making their way into our food and water and wreaking havoc on human health. These chemicals have no place in vaccines. Safe and non-toxic alternatives need to be sought.

## Endocrine disrupting chemicals interfere with the neuroendocrine (nervous system & hormonal) system adversely affecting maturation and development

A 2014 article from the journal ***Reproductive Toxicology*** titled, **Endocrine disrupting chemicals affect the gonadotropin releasing hormone neuronal network,** implicates these chemicals as acting adversely on reproductive development in a variety of ways.
https://www.ncbi.nlm.nih.gov/pubmed/24211603

**From the abstract:**
"Endocrine disrupting chemicals **have been shown to alter the pubertal process**…. EDCs alter the neuroendocrine GnRH regulatory network **at all hierarchical levels**."

## Carefully consider the first sentence of this study abstract and consider that we are intentionally injecting EDCs into our babies

A 2002 study published in the journal ***Molecular and Cellular Endocrinology*** titled, **Organochlorine pesticides directly regulate gonadotropin-releasing hormone gene expression and biosynthesis in the GT1-7 hypothalamic cell line**, is a very complex study of the effects of two specific Endocrine Disrupting Chemicals (EDCs) and how they disrupt the neurological/reproductive axis.

**From the abstract:**
"**Environmental toxicants profoundly affect growth and developmental processes**. In the present study, we hypothesized that **hypothalamic gonadotropin-releasing hormone (GnRH) neurons, which regulate the reproductive axis, are targets of environmental endocrine disrupting chemicals**."

## The rates of premature puberty are greatly increased in neurodevelopmentally challenged individuals- A common cause?

A study from the journal ***Developmental Medicine and Child Neurology*** titled, **Premature sexual development in individuals with neurodevelopmental disabilities**, found that compared to the general population, rates of premature sexual development is much higher in children with neurodevelopmental problems. https://www.ncbi.nlm.nih.gov/pubmed/?term=10400173

**From the study:**

"In the United States of America, normal puberty has been reported as occurring **between 8 years 6 months and 13 years of age in girls, and between 9 and 14 years in boys**."

"This study reviewed diagnostic data from the records of **15,719 patients** with neurodevelopmental disabilities for diagnoses associated with premature sexual development/precocious puberty. **Thirty-two individuals with premature sexual development were identified,** with the earliest changes seen in one girl at 1 year 7 months of age. **In this group, the mean age at onset was 7 years 2 months in boys and 5 years 11 months in girls**. Central precocious puberty, which was the most common cause of onset of early pubertal changes, was present in 15 of the 32 children. **The results of this study suggest that children with a neurodevelopmental disability are at increased risk of premature pubertal changes when compared to children without a neurodevelopmental disability**."

"***The US Department of Health and Human Services*** and the ***National Institute of Child Health and Development (NICHD)*** of the ***National Institutes of Health (NIH)*** estimate the incidence of precocious puberty in the general population **to be approximately one in 10 000 children** (US Department of Health and Human Services 1997)."

"Our retrospective review of this population with neurodevelopmental disabilities suggested that **a child with a neurodevelopmental disability was at least 20 times more likely to experience early pubertal changes**."

Now, I am completely speculating here, but could it be that the endocrine disrupting nature of the mercury, aluminum (heavy metals are considered Endocrine Disrupting Chemicals (EDCs)), and other EDC chemicals found in vaccines (you will see in the vaccine ingredients section), is causing reproductive alterations and early puberty in the same genetically susceptible individuals that those same chemicals and metals cause neurodevelopmental disabilities in? Again, I don't have proof of the cross correlation, but you will see plenty of evidence contained herein, that strongly implicates those toxins with both neurological and reproductive damage in addition to immunological adverse effects. An example that many people are familiar with is that of BPA. Bisphenol A (BPA) has been removed from many plastic food and beverage containers since it has been shown to be an EDC. One of the studied effects of BPA, is that it contributes to premature puberty in the general population.

This study did not look specifically at how many of those children developed a neurodevelopmental delay after a series of vaccines, however of the 32 children evaluated 14 had seizure disorder, 12 mental retardation (I don't like that term, but that is what the study used) and 10 had cerebral palsy (C.P.). All three of those conditions could be the result of a vaccine adverse reaction. Seizures and developmental delays are more commonly associated with vaccine reactions; however it is plausible that some cases of C.P. could be caused by vaccines.

## More on these chemicals:

## Nonylphenol causes adverse effects on reproductive, immune and central nervous system of embryos and offspring

According to a 2017 article in ***Water*** titled, **Distribution and Removal of Nonylphenol Ethoxylates and Nonylphenol from Textile Wastewater**, "Nonylphenol ethoxylates (NPEOs) are indirectly responsible for endocrine disruption among wildlife and human beings via their metabolites, especially nonylphenol (NP). NP has been detected in foodstuffs, drinking water, human adipose tissue, urine, maternal blood plasma and amniotic fluid, blood serum, and breast milk. The presence of NP in pregnant women's decidua *(the maternal part of the placenta),* and early embryos along with maternal transfers has also been observed."

"**Adverse effects of NP on reproductive, immune, and central nervous systems have been discovered in fish, rats, birds, and humans with possible abnormalities in embryos and offspring**. **Recent studies on carcinogenesis have reflected the relation of exposure to NP to the possibilities of breast cancer in women and prostate cancer in men**." http://www.mdpi.com/2073-4441/9/6/386

**Why is this important?** If NPEOs are found in maternal blood plasma, amniotic fluid, maternal placenta, early embryos and **maternally transferred to the fetus and flu shots containing these compounds are being recommended to pregnant women, there is a cause for concern**. **Not to mention that infants and very young children are given flu vaccines on a regular basis during critical early endocrine, reproductive, immune system and neurological development.**

## Nonylphenol affects placental cells raising concerns over its adverse effects on the fetus

A 2006 article published in ***Toxicological Sciences*** and titled, **Estrogen-like response to p-nonylphenol in human first trimester placenta and BeWo choriocarcinoma cells**, shows that p-nonylphenol reacts with cells in the trophoblast (which becomes the placenta and feeds the embryo), raising concerns about adverse effects in the health of the fetus. https://www.ncbi.nlm.nih.gov/pubmed/?term=16790488

**From the article:**
**"**p-Nonylphenol (p-NP) is a metabolite of alkylphenol ethoxylates used as surfactants in the manufacturing industry. Although it is reported to have estrogenic activity and to be transferred from the mother to the embryo, no data are available on its effects on the development of the human placenta. In the present study, we investigated estrogen receptors' (ERs) expression in the first trimester human placenta."

"**These findings suggest that the human trophoblast may be highly responsive to p-NP and raise concern about maternal exposure in early gestation**."

## Nonylphenol (NP) has deleterious effects on central nervous system (CNS), including neurotoxicity especially during critical windows of brain development (which is when vaccines containing NP are administered)

In a 2013 article titled, **Neurotoxic effects of nonylphenol: a review**, finds that the damaging effects that range from immune to reproductive, to neurological.
https://www.ncbi.nlm.nih.gov/pubmed/?term=23334477

**From the article: "**Nonylphenol (NP), identified as **an environmental endocrine disruptor**, used as important raw materials for detergents, emulsifiers, and wetting agents in industry and is also found in paints, pesticides, and household toiletries. **NP has been reported to have deleterious effects on central nervous system (CNS) other than reproductive and immune systems including disrupting neuroendocrine homeostasis, altering cognitive function, and neurotoxicity of tissues, etc., particularly when NP's disruption occurs during critical developmental window of brain**."

## Prenatal exposure to chemicals assessed at birth contribute to behavioral problems in 7 to 8-year-olds

A 2013 study published in the journal ***Environment International*** titled, **Prenatal exposure to environmental contaminants and behavioural problems at age 7-8 years** identified correlations with the **presence of various heavy metals and chemical contaminants in umbilical cord blood at birth with prevalence of different behavioral problems at ages 7-8.**

**From the article:**
"When the child reached 7-8 years, 270 mothers completed the Strengths and Difficulties Questionnaire assessing their children's behavioural health……"

**"Animal studies showed that the developing brain is particularly sensitive to chemical exposure….** We found that doubling the prenatal lead exposure (cord blood lead levels) was associated with **a 3.43 times higher risk for hyperactivity in both boys and girls**. In addition, total difficulties were **5.08 times more likely** in the highest tertile for prenatal lead exposure compared to the lowest tertile *(tertile means third)*. **In girls, total difficulties were 4.92 more likely when doubling cord blood** p,p'-DDE, whereas no significant association was found in boys. Further, we noted in boys a 1.53 times higher risk for emotional problems when doubling cord blood cadmium, whereas no significant association was found in girls. **These results indicate that the presence of environmental contaminants influences the mental health of the next generation."**

It is true that the heavy metals they evaluated for were lead and cadmium. However, **all heavy metals share certain characteristics of disruption in neurological, immunological and reproductive systems**. Interestingly, the results seem to indicate that certain contaminants have a greater behavioral influence in one gender over another.

## Screening for individuals at risk needs to be done

In addition, certain familial tendencies should be considered. In fact, one study titled, **Familial clustering of autoimmune disorders and evaluation of medical risk factors in autism,** from the ***Journal of Child Neurology*** **found that mothers and first-degree relatives of autistic children are approximately 8 times more likely to have autoimmune disease**. https://www.ncbi.nlm.nih.gov/pubmed/?term=10385847

**Unfortunately, screening for those at risk is still not done today. In fact, immunocompromised individuals are one of the target groups for vaccines. The narrow focus on the concept that immunocompromised individuals need the "protection" of the vaccine may be the very thing that dooms many to devastating lifelong consequences.**

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# *Is the science settled?*

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## Two of the most important, if not the most important questions are:

1. Is the science settled?
2. Has it been proven one way or the other whether the current vaccine schedule has a role to play in the greatly increased incidence of autism, neurodevelopmental or immunological problems seen in children today?

**The magnitude of the research presented throughout this document answers both of those questions with a resounding and emphatic NO! Still not convinced….read on.**

### The Institute of Medicine (IOM), National Academy of Sciences say more safety studies are needed

In 2013, a physician committee at the ***Institute of Medicine (IOM), National Academy of Sciences***, concluded that the current federally recommended childhood vaccine schedule for infants and children from birth to age 6 **had not been adequately studied for safety**, and that **studies are needed** to examine the:

- Long-term cumulative effects of vaccines
- Timing of vaccination in relation to the age and health of the child
- Effects of the total load or number of vaccines given at one time
- Effect of vaccine ingredients in relation to health outcomes
- Biological mechanisms of vaccine-associated injury

Source: Institute of Medicine (2013) The childhood immunization schedule and safety: Stakeholder concerns, scientific evidence and future studies

**Just based on this government report I would say that the answer to the two questions, is the science settled and has it been proven that vaccines are not the cause of the epidemic of autoimmune, neurological and developmental/behavioral/learning problems is a resounding no! When you couple the recommendations of the *Institute of Medicine (IOM), National Academy of Sciences,* with all of the other evidence I am supplying within this document, one would have to conclude that the answers are an overwhelming and emphatic no!**

## Based on the massive amount of evidence presented in this document, the government is still misinforming the public

The government's website ***vaccines.gov*** makes it sound like there is virtually no risk from vaccines or their ingredients. I have copied and pasted those questions and answers the web site gives. This eBook gives a multitude of reasons in great detail as to why these assertions are false, but I will cover just a couple of the key ones for each. **I bolded the false statements** that have already been categorically disproven in this document.
https://www.vaccines.gov/basics/vaccine_ingredients/index.html

*My responses are in italics…..*

**From the web page:**
**Question: Can vaccines with thimerosal cause mercury poisoning?**
A: **No**. **Thimerosal has a different form of mercury (ethylmercury) than the kind that causes mercury poisoning (methylmercury). It's safe to use ethylmercury in vaccines because it's less likely to build up in the body — and because it's used in very, very small amounts**. Even so, most vaccines do not have any thimerosal in them. If you're concerned about thimerosal or mercury in vaccines, talk with your doctor.

***This is so untrue!***

*In 1999, the U.S. government agreed that the amounts of ethylmercury in the form of Thimerosal, was putting children at so much risk, that they asked vaccine manufacturers and the CDC to remove it from childhood vaccines.*

https://www.gpo.gov/fdsys/pkg/CREC-2003-05-21/html/CREC-2003-05-21-pt1-PgE1011-3.htm

**Quotes from the Congressional Hearing: "**At the time of the 1999 FDA review on thimerosal, it was learned that over 50 vaccines contained thimerosal. On July 9, 1999, the American Academy of Pediatrics joined the U.S. Public Health Service in issuing a joint statement recommending the removal of all thimerosal from vaccines."

*Even after this decision was rendered, the FDA slow-rolled the removal well into 2001, putting many other children at risk*. "In 1999, the FDA was criticized by some for not taking more forceful action to remove thimerosal from vaccinations; as a result of the FDA decision to seek a gradual removal, many children continued to receive injections of the DTaP, Hib, and Hepatitis B vaccine that contained mercury well into 2001".

*Additional pressure was brought to bear in order to get the mercury out of many different vaccines. This letter (see the link), was in response to public pressure about the adverse reactions to vaccines. This should be a good example for all of us today that consider ourselves vaccine skeptics. Until we spread the word and eventually bring enough pressure to our public officials and governmental agencies, nothing will change. We ALL have to get involved with grassroots efforts to create the momentum that will effect a change.*

https://worldmercuryproject.org/wp-content/uploads/2016/11/Scott_Bloch_letter_to_Congress.pdf

*Additionally, the research that this document presents clearly shows that ethylmercury is as, if not more dangerous than methylmercury. All you need to do is read some of the studies in the section titled,* ***Mercury – An initial intro,*** *beginning on page 84 and 85, then later with a CDC Study that cites it being toxic at extremely small amounts on page 104. This is just a very small sampling of the evidence disagreeing with this statement: You will see much more in this eBook.*

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395253/
https://www.ncbi.nlm.nih.gov/pubmed/?term=27816865
https://www.ncbi.nlm.nih.gov/pubmed/?term=25708367

*Ethylmercury does build up in the body as shown previously, and in fact has a longer half-life in the body than methylmercury. According to* ***the Journal of the Neurological Sciences****.*
https://www.ncbi.nlm.nih.gov/pubmed/18482737

**From the article:** "In addition, post-dosing-schedule testing found the concentration of inorganic mercury (formed from the ethylmercury entering the brain) averaged 16 ppb in the brains of the

Thimerosal-treated infant monkeys. Moreover, the half-life of this inorganic mercury in the monkeys' brains was too long to estimate a value from the available data (no significant measurable decline was detectable by 120 days)."

And, Dr. Neal Halsey, the Director of ***the Institute of Vaccine Safety at Johns Hopkins University*** agrees: http://www.whale.to/vaccines/thimerosal3.html *Dr. Halsey* also agrees.

*This article from* ***The Journal of Toxicological Sciences agrees:***
**From the article:** Ethylmercury and its decomposition product, Hg2þ, rapidly accumulate in the tissues, preferentially in the kidneys and brain. Following in vivo administration, ethylmercury passes through cellular membranes and concentrates in cells of vital organs, including the brain, where it releases inorganic mercury, raising its concentrations higher than equimolar doses of its close and highly toxic relative methylmercury. https://www.ncbi.nlm.nih.gov/pubmed/15843506

ANOTHER QUESTION AND ANSWER FROM THE VACCINE.GOV WEB SITE
**Question: Can people who are allergic to antibiotics get vaccinated?**
**A: Yes. However, if you have an allergy to antibiotics, it's a good idea to talk with your doctor about getting vaccinated. But in general, antibiotics that people are most likely to be allergic to — like penicillin — aren't used in vaccines.**
*This is not always the case. There are people that are allergic to other antibiotics than those in the penicillin class. And as stated earlier, there are potentially dangerous and contraindicated combinations of antibiotics in some single vaccines and some with a single antibiotic in them are often given at the same time with other vaccines that have the contraindicated antibiotic in them. This is especially dangerous with regard to pregnant women, their fetus, babies and young children. Unfortunately, if we rely solely on the doctor to first know this and second to act on it by excluding those groups from these vaccines, we are in deep trouble. It should be the obligation of the government run web sites to have these warnings, so that those who are considering the recommendations of their uneducated doctor and doing their own due diligence can be forewarned!*

***As discussed previously on pages 120-121, the four antibiotics most in question are and contained in several vaccines often in combination or given together are:***

1. *Neomycin Sulfate*
2. *Gentamicin Sulfate*
3. *Kanamycin*
4. *Polymyxin B*

Visit the CDC's vaccine excipient (ingredients) list to see which vaccines contain these antibiotics at https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

***Sources:***
https://medlibrary.org/lib/rx/meds/neomycin-sulfate/

https://www.webmd.com/drugs/2/drug-94473/gentamicin-sulfate-pf-intravenous/details

https://www.rxlist.com/kantrex-drug.htm#warnings_precautions

https://www.rxlist.com/polymyxin-b-drug.htm#description

https://www.everydayhealth.com/drugs/polymyxin-b-trimethoprim-ophthalmic

**Question: Is the aluminum used in some vaccines dangerous?**
**A: No. Vaccines made with aluminum have only a very small amount of aluminum in them**. For decades, vaccines that include aluminum have been tested for safety — **these studies have shown that using aluminum in vaccines is safe**.

*The issues I have with these statements are as follows:*

- *As indicated earlier, **when you add the amounts of aluminum in the current dosing schedule for children, the amounts far exceed the FDA safe limits!***

- *Secondly, as we have seen **vaccine trials are very short lived and typically do not have long term follow-up**. Trends in adverse events are only discovered after the fact, often many years later by looking at the VAERS System. We already know that the VAERS reporting system only captures about 10% of all the adverse reactions from vaccines. Therefore, it makes it a poor indicator of the magnitude of adverse vaccine reactions.*

**The government needs to be transparent with the American public. They need to be honest about the very real risks associated with vaccines, including the limited benefits as the rest of this document will show.**

# PERSECUTION OF DOCTORS THAT DON'T TOE THE LINE

## Truth doesn't seem to matter when you want to make an example out of someone

### Dr. Andrew Wakefield- A tragic mischaracterization of the truth…(The BIG lie)

The example that those dedicated to the party line on this is always bringing up ***Dr. Andrew Wakefield***, the medical doctor from Great Britain that they claim published an article saying that the mercury in vaccines causes autism. Then they always say that this has been proven untrue. Dr. Wakefield has become the "whipping boy" for the pro-vaccine lobby. The truth is that Dr. Wakefield **NEVER** made that claim. Want to see for yourself? Check out the conclusion from the infamous beleaguered 1998 study that he performed titled, **Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children.** *(see the link below)*

**These are the Findings and Interpretation copied directly from his article.**

**FINDINGS:** Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in the colon in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (p=0.003), low haemoglobin in four children, and a low serum IgA in four children.

**INTERPRETATION:** We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

You can read the article here: https://www.ncbi.nlm.nih.gov/pubmed/9500320

So, you can read yourself, he didn't claim that the MMR vaccine or the mercury (Thimerosal) caused autism. He simply reported the gastrointestinal pathology results of the evaluations of the 12 children that he examined, discussed a possible environmental trigger and he suggested that further research is warranted. He also suggested during the follow-up period, that it may be better to give the MMR vaccines in separate doses rather than in the 3-vaccine combination **because that could be an environmental trigger**. I see nothing wrong with that very honest and accurate assessment and recommendation, especially in light of the mountain of evidence reported in this document implicating vaccines and autism, including the MMR vaccine. Even so, Dr Wakefield's name is discredited every time a talking head goes on a television show or news program. **Moreover, numerous scientific studies and reports now recognize the "cross-talk" between the gut and the brain and that gut inflammation causes brain dysfunction. This research also vindicates Dr. Wakefield and his findings, yet conveniently it is never mentioned when he is slandered because it doesn't fit their narrative.** Today, we have the advantage of retrospect, **yet any evidence that doesn't agree with the vaccine mantra never sees the light of day**. **That has been true at least until now, where you have the chance to make sure the world knows the truth about vaccines.**

Now that you have read the results of his findings and conclusions of his study directly from the study itself, does it change how you feel about the way that Dr. Wakefield has been vilified, lied about and his

career destroyed? Now that you know some of the contradictory evidence and will see much more including some in just a few pages and also in the section on the MMR on pages 552-585, you will see that Dr. Wakefield was really just a pioneer in the discovery of these kinds of connections and unfortunately as a result part of a smear campaign.

The way Dr. Wakefield has been treated is **reminiscent of the treatment of Dr. Ignaz Semmelweis**, who I referenced earlier in this article. He was ostracized for suggesting that doctors should disinfect their hands and surgical instruments to reduce infections. He was seen as a heretic, shunned and vilified. Like Dr. Semmelweis, I believe that Dr. Wakefield will also be vindicated in the end. **History has shown however, the bigger the lie, the longer the lie is perpetuated and the greater the force and amplification of the lie, the greater the difficulty for those responsible to admit the errs of their ways. It boils down to pride, arrogance and preserving self- interests. Certainly, there is plenty of that at work here.**

## The Wakefield Witch Hunt- What the propagandists are not telling you

**For an excellent review of the what I will call "The Wakefield Witch Hunt" perpetrated on Dr. Wakefield, you can read this nine-page summary from Mary Holland JD's excellent book The Vaccine Epidemic.** http://vaxxedthemovie.com/wp-content/uploads/2016/04/Who-is-Dr.-Andrew-Wakefield-by-Mary-Holland-JD.pdf

Mary Holland is an attorney and a research scholar at NYU School of Law. She has written and edited books and articles on human rights and law. She has clerked for a federal judge, worked at the Lawyers Committee for Human Rights, and at prominent U.S. law firms. She has testified before Congress, filed amicus briefs, and appeared on Court TV, Fox, CBS, and NBC. She graduated from Harvard College and holds graduate degrees from Columbia University. She is a cofounder and board member of ***the Center for Personal Rights***.

"In 1998, to announce the publication of The Lancet article coauthored by Dr. Wakefield and twelve other scientists, the dean of St. Mary's Medical School called a press conference. At the press conference, Dr. Wakefield was asked about the safety of the MMR vaccine. In 1992, two different combination MMR vaccines had been withdrawn from the U.K. marketplace because they were unsafe, so MMR vaccination was already a hot topic before The Lancet article was published. Dr. Wakefield responded that, given the paucity of combination MMR vaccine safety research, and until further safety studies were done, the vaccines should be separated into their component parts. He had previously informed his colleagues that this was his view and that he would express it if asked."

"The 1998 press conference set off a media firestorm, with large numbers of parents raising uncomfortable questions about the safety of the "triple jab" and requesting single measles, mumps, and rubella vaccines. **In the midst of the controversy, in August 1998, the British government took an extraordinary step. It made separate measles, mumps, and rubella vaccine components unavailable, thereby forcing the hand of concerned parents**."

**Notice that Dr. Wakefield did not tell parents not to vaccinate their children. In fact, Dr. Wakefield was a vaccine proponent.** He simply suggested that rather than giving all three vaccines in the one MMR shot, they be given in separate doses spaced apart, until further investigation could be completed. That sounds very rational to me!

**CONCLUSION:**
"**CPR finds no evidence of Dr. Wakefield's scientific fraud.** On the contrary, many scientists and laboratories around the world have confirmed Dr. Wakefield's findings regarding severe gastrointestinal inflammation and symptoms in a high percentage of children with autism."

"What, then, was this high-profile prosecution really about? If there was no scientific fraud, no undisclosed financial conflicts of interest, no ethical breaches in performing tests on sick children, and no complaints from patients or their families, then what was the big deal? Did the international scandal and multi-million dollar prosecution proceed merely to chastise a doctor for drawing blood from children at a birthday party, with their consent and their parents' consent? Of course not.
Dr. Wakefield was, and remains, a dissident from medical orthodoxy. The medical establishment subjected him to a modern-day medical show trial for his dissent. Dr. Wakefield's research raised fundamental doubts about the safety of vaccines and the etiology of autism. Dr. Wakefield was punished for his temerity to caution the public about vaccine risks and to urge them to use their own judgment. Dr. Wakefield was punished for upholding vaccination choice….
Dr. Wakefield was made an example."

It is amazing how a lie like this can be perpetuated by collusion by big pharma, doctors and the media for nearly 20 years. The opinions of pharmaceutical companies can never be taken as true, because they are by nature biased. Their profit motives blind them from objectivity! That is also why, they or their agents can never be involved with safety or efficacy studies on vaccination.

## World-renowned pediatric neurologist believes that certain individuals are susceptible to vaccines triggering autism, but paid the price for saying so

In a January 2019 article, published in ***The Hill*** and written by Sharyl Attkisson titled, **How a pro-vaccine doctor reopened debate about link to autism**, world-renowned pediatric neurologist, who previous testified against parents claiming that vaccines caused their child's autism has reversed his opinion.
https://thehill.com/opinion/healthcare/425061-how-a-pro-vaccine-doctor-reopened-debate-about-link-to-autism

**From the Article:**
"Pediatric neurologist Dr. Andrew Zimmerman originally served as the expert medical witness for the government, which defends vaccines in federal vaccine court. He had testified that vaccines do not cause autism in specific patients.

Dr**. Zimmerman now has signed a bombshell sworn affidavit. He says that, during a group of 5,000 vaccine-autism cases being heard in court on June 15, 2007, he took aside the Department of Justice (DOJ) lawyers he worked for defending vaccines and told them he'd discovered "exceptions in which vaccinations could cause autism."**

"**I explained that in a subset of children, vaccine-induced fever and immune stimulation did cause regressive brain disease with features of autism spectrum disorder**," Dr. Zimmerman now states. He said his opinion was based on "scientific advances" as well as his own experience with patients.
For the government and vaccine industry's own pro-vaccine expert to have this scientific opinion stood to change everything about the vaccine-autism debate — if people were to find out.
But they didn't.

**Dr. Zimmerman goes on to say that once the DOJ lawyers learned of his position, they quickly fired him as an expert witness and kept his opinion secret from other parents and the rest of the public. What's worse, he says the DOJ went on to misrepresent his opinion in federal vaccine court to continue to debunk vaccine-autism claims.**

Records show that on June 18, 2007, a DOJ attorney to whom Dr. Zimmerman spoke told the vaccine court: "We know [Dr. Zimmerman's] views on the issue. ... There is no scientific basis for a connection" between vaccines and autism.

Dr. Zimmerman now calls that "highly misleading" and says he'd told them the opposite."

Article continues….see the link above to read the rest of the article.

## To the vaccine establishment, free speech and personal opinion are attacked vehemently. This doctor from the prestigious Cleveland Clinic paid a heavy price for daring to question the vaccine dogma.

This is a community blog post from a January 06, 2017 commentary on a community blog, written by Daniel Neides, MD, who WAS *(more on this later)*, the **Medical Director and Chief Operating Officer of the *Cleveland Clinic Wellness Institute*.** He was also the **Acting Medical Director of the *Tanya I. Edwards Center for Integrative Medicine***. In addition, he was the **Associate Director of Clinical Education for *The Cleveland Clinic Lerner College of Medicine (CCLCM)***, where he oversaw all clinical activities of students during years three through five of the medical school. **So, let's be clear, this is a man that is very accomplished, successful and one that was esteemed in medical circles.**

**I have decided to include the post in its entirety. It is three pages long, but I feel that it is important for you to understand the full context of what Dr. Neides was communicating and that it was not completely vaccine bashing as some believe.** If you haven't been convinced already from this eBook, that we have a real problem with the credibility of what we are boing told and what the science shows, you certainly should by the end of it. Once you understand the evidence **the science presents**, **NOTHING**

**Dr. Neides said, is even remotely off base**. **I believe that Dr. Neides is a hero for voicing his personal beliefs, (which again are rooted in strong science). He has essentially become a martyr for the cause of changing the status quo and getting to the bottom of the downward spiral for the chronic health problems of western societies.** For our country, it truly is a national security and economic crisis that we all face. If by 2032 one is two boys become autistic, what will that do to our military readiness, our intellectual capacity to churn out scientists, inventors and business innovators and therefore our economic future. And what about an individual's opportunity for the pursuit of health, happiness and the American Dream?

**Immediately when this was posted, a firestorm of angry responses against Dr. Neides and Cleveland Clinic was launched by medical doctors and others. As you read this, you will notice two blocks with green text. These represent the response by the institutions he worked for, to his controversial comments.**

**HERE IS THE POST HE WROTE:**

LYNDHURST, Ohio--I am tired of all the nonsense we as American citizens are being fed while big business - and the government - continue to ignore the health and well-being of the fine people in this country. Why am I all fired up, you ask?

I, like everyone else, took the advice of the Centers for Disease Control (CDC) - the government - and received a flu shot. I chose to receive the preservative free vaccine, thinking I did not want any thimerasol (i.e. mercury) that the "regular" flu vaccine contains.

Makes sense, right? Why would any of us want to be injected with mercury if it can potentially cause harm? However, what I did not realize is that the preservative-free vaccine contains formaldehyde. WHAT? How can you call it preservative-free, yet still put a preservative in it? And worse yet, formaldehyde is a known carcinogen. Yet, here we are, being lined up like cattle and injected with an unsafe product. Within 12 hours of receiving the vaccine, I was in bed feeling miserable and missed two days of work with a terrible cough and body aches.

My anger actually stems from a constant toxic burden that is contributing to the chronic disease epidemic. And yet the government continues to talk out of both sides of its mouth. We want our citizens to be healthy and take full advantage of the best healthcare system in the world (so we think), yet we don't treat our bodies with the love and attention they deserve.

Our air, water, and food supplies are completely compromised and so it is time for us to take matters into our own hands. This year, I am committing to providing you with the educational resources to make you the best YOU. It may get confusing and frustrating at times but stressing out over this won't help. Take three deep belly breaths and let's get started.

**This column's discussion about vaccines has caused international controversy. Read a Q&A explainer about cleveland.com's role. Have questions about the anti-vaccine column posted by a Cleveland Clinic doctor? We have some answers**

We live in a toxic soup. There are over 80,000 chemicals used in various industries country-wide. There are over 2,000 new chemicals being introduced annually. We breathe in these chemicals through exhaust, eat them in our processed foods (just look at the labels that have 20 or 30 ingredients and good luck pronouncing their names), textiles (clothing, bedding, furniture), and personal care products, including make-up, deodorant, shampoos, and soaps.

Toxins accumulate in our fat cells if they are not eliminated and interrupt normal bodily functions. Your body should be a finely tuned machine with all of the organ systems working in concert together. But when toxins disrupt normal function, problems can occur. Those problems include cancers, auto-immune diseases, neurologic problems like autism, ADHD, and Parkinson's disease, and the most prevalent chronic diseases like obesity, diabetes, and heart disease.

Why are we so sick in 2017 despite the best access to healthcare? The body has wonderful built-in systems to help us detoxify. The liver and kidneys try to do an exceptional job keeping up with filtering out the "stuff" (toxins included) we don't need. Our skin - the largest organ in the body - will release toxins in the form of perspiration. Our breath will release toxins with each exhalation. When our gut is healthy and our microbiome (100 trillion organisms that live in our intestinal tract, within our airway, and on our skin) intact, our bowel movements help rid unwanted toxins.

I like to think of our detoxification system as a big bucket. As long as the toxic soup stays within the bucket, our body can naturally eliminate what we don't need and help us live at the highest quality of life. But what happens when the bucket starts to overflow - which is exactly what many of us have been facing our entire lives? The body may not have the capacity to eliminate our current exposures and THAT IS WHEN BAD THINGS START TO OCCUR.
Link to autism?

We must wake up and really, truly realize that we are the masters of our domain. If we don't look out for ourselves and each other, we can expect to hear about more cancers, more autism, and more auto-immune diseases. As a doctor, I should be thinking - great, this is perfect for business. I am a primary care doctor with a three month wait to get in. That is unacceptable. So YOU have to help yourself if you want me to help you.

Slight detour. Why do I mention autism now twice in this article? Because we have to wake up out of our trance and stop following bad advice. Does the vaccine burden - as has been debated for years - cause autism? I don't know and will not debate that here. What I will stand up and scream is that newborns without intact immune systems and detoxification systems are being over-burdened with PRESERVATIVES AND ADJUVANTS IN THE VACCINES.

**The Cleveland Clinic has disavowed this column, and the author has apologized for the uproar it caused. The Clinic says it will take "appropriate disciplinary action" against Neides for his guest column that bashed vaccines.**

The adjuvants, like aluminum - used to stimulate the immune system to create antibodies - can be incredibly harmful to the developing nervous system. Some of the vaccines have helped reduce the incidence of childhood communicable diseases, like meningitis and pneumonia. That is great news. But not at the expense of neurologic diseases like autism and ADHD increasing at alarming rates.
When I was in medical school in the late 1980s, the rate of autism was 1 in 1,000 children. For those born in the 1950's and 60's, do you recall a single student in your grade with an Individualized Education Program (IEP) for ADHD or someone with a diagnosis of autism? I do not.

As of 2010, the rate of autism in the U.S. escalated to 1 in 68 children. The deniers will simply state that we do a better job of diagnosing this "disorder". Really? Something (s) are over-burdening our ability to detoxify, and that is when the problems begin.

So let me be clear - vaccines can be helpful when used properly. But the vaccination timing and understanding one's epigenetics (how your genes interact with the environment) are all critical to our risk of developing chronic disease. Please talk to your doctor about the optimal timing of vaccinations for your children, and therefore reduce your risk of raising a child with a neurologic complication.
For those who want to dive in further, help me understand why we vaccinate newborns for hepatitis B - a sexually transmitted disease. Any exposure to this virus is unlikely to happen before our second decade of life, but we expose our precious newborns to toxic aluminum (an adjuvant in the vaccine) at one day of life.

And when they actually need the protection, many who have received this three-shot series in the first year of life will lack antibody protection--as immunity may not last. Perhaps delaying the series until the immune system is more mature would reduce the risk of neurologic complications.

My goal is to help you think about your total body burden related to toxic exposures. The more mindful you are at reading labels, thinking about what you are ingesting, and how you manage your stress will go a long way toward living a life free from chronic disease. Never assume that products are safe just because they are on a store shelf.

Together we will learn what to stay away from and what to consume. Become a voice for yourself and your family. Blind faith must become a thing of the past. And by educating your loved ones, you will actually help society reduce the chronic disease burden.

In a 2015 article in U.S. News and World Report, Jessica Hutchins, M.D., IFM certified practitioner, states, "Information on eating toxin-free food and pushing food manufacturers to stop using harmful ingredients can be found at foodbabe.com. When we vote with our dollars by choosing to buy products that are sustainably produced and chemical-free, we actively shape the market place. Help change the way [loved ones] nourish their precious bodies, starting with yourself as an example."

I cannot think of a better way to start off the New Year (Wishing you and yours a happy and healthy 2017!). Together we will uncover the exposures that can make us sick and discover ways to assist our bodies to optimally detoxify. This is how we will truly achieve the highest quality of life. Until next time, really open your eyes, and be well.

https://www.cleveland.com/lyndhurst-south euclid/index.ssf/2017/01/make_2017_the_year_to_avoid_to.html

**My take on all of this:**

**Now what was wrong with that?....other than Dr. Neides spoke truth to power. Unfortunately, he took the slings and arrows for his beliefs. Many mainstream doctors ridiculed him for talking about toxins and detoxification. Their ignorance really showed as there is a huge amount of data that agrees with Dr. Neides. There is an unprecedented number of toxic chemicals that we are exposed to in just about everything we come in contact with. And, thousands of doctors successfully utilize detoxification programs of various kinds to assist the body in reducing the total body burden. Many articles in this document corroborate what I am saying. That is the problem that many doctors in mainstream medicine have had over the years. They have a minor deity complex and berate their patients if they even dare to question their "expert" opinion or "knowledge". The truth is, we all only know what we know and those with a rigid and closed mind will never learn or accept any new information that doesn't agree with their narrow and limited perspective. As we have seen, patients have left those types of doctors in droves. Patients are tired of the arrogance and condescension. I am happy to report, that I have also seen a change in those attitudes by many doctors over the years. The consumer will dictate the fate of the doctors they trust with their health, by their loyalty and their pocketbooks.**

**Dr. Neides is no longer with Cleveland Clinic. He is in private practice and from what I have read is happy practicing the way he wants to, without censorship and prejudice *(my words not his)*.**

**As more doctors begin to think for themselves, do their homework and realize that they have been spoon-fed what the industry wants them to know, my honest prayer is that more brave and courageous doctors and scientists will step-up. There is power in numbers. A flash flood always starts with a trickle!**

## Culpability for misinformation- Place the blame where it belongs

As far as the other ***two culpable groups, doctors and journalists.*** I am not insinuating that all doctors all media that have parroted these talking points did so knowing they were misleading people. I would even go so far as to say, that I believe the majority of doctors and people in the media have children and parent's best interest at heart. But let me ask you this. **Isn't it a doctor's responsibility to validate and verify information that they hear before repeating that information to others? It literally takes seconds for someone that knows what they are doing to search for and find articles like I am presenting here.** To not do that, is pure laziness and dangerous. What if a doctor recommends a drug or a treatment to a patient that injures the patient? In the course of malpractice litigation, it is discovered that the doctor had easy access to information that would have warned the doctor about the fact that the patient in question was at risk without that information. What if the doctor failed to do his or her due diligence? In that case, the doctor would be held liable for professional malpractice. This is a serious issue! As I mentioned earlier, doctors **rarely even give parents informed consent, much less FULL**

**informed consent about all of the possible risks** of the different vaccines they are administering to their child, like they have to do with any other medical procedure. Doctors must be held to a very high standard, because most claim to adhere to an important tenant of medicine which says, "First do no harm."

**And as for journalists**, isn't it a journalist's job to investigate claims they hear, so that they can be assured that the information they are about to disseminate broadly through the very large megaphone they have is accurate? What ever happened to investigative journalism? Instead of being a naive and willing mouthpiece for an whole industry, I would challenge those with any level of integrity to put in the time and do the work that will uncover the truth, rather than perpetuating the agenda driven messaging of billion dollar companies.

These are two groups of people that have a higher level of responsibility and accountability because of the platforms and reach that they have. **Of the two, doctors have the highest level of accountability because they have the training and knowledge to research the scientific databases such as PubMed, the largest archived medical and scientific database in the world.**

**Lastly, there are the legislators and government officials.** One would like to believe that elected officials are unbiased and are motivated by a pure desire to serve their constituents and their best interests. I am sure that the vast majority of them have the best interests of all people at heart. The unfortunate reality however is, that **the pharmaceutical industry has the most powerful lobbying machine, not only in Washington but on the local levels as well.**
https://www.publicintegrity.org/2013/02/11/12175/opinion-big-pharmas-stranglehold-washington

These lobbyists and the powerful companies they represent provide financial resources and a steady stream of biased information that they spoon-feed to representatives and government officials. Under those circumstances, it makes it very difficult to make decisions that may go against all of that momentum**. I am calling on all government officials, whether elected or appointed to demand the radical changes that need to be made to completely overhaul the vaccine system and paradigm. Who will be the ones that will step out boldly and demand action? Which of them will refuse to cow-tow to the pharmaceutical machine whether they are getting campaign contributions or not?**

**The preponderance of evidence is now available right here. This is where I am hoping to make a difference. By providing alternative evidence and easy access to the information that I am citing, I would hope that any honest, ethical, moral and pure hearted individual, regardless of the career, financial or political ramifications, will take the time to follow the evidence wherever it may lead and make their decisions on the truth rather than on biased talking points.**

# The true cost of mass vaccination campaigns

## What about the push to mandate additional vaccine requirements?

In an article from Green Med Info dated July 03, 2017, and written by ***Robert F. Kennedy Jr***., the issue of requiring Colorado College students to be vaccinated with the Meningococcal vaccine to attend school. http://www.greenmedinfo.com/blog/doing-math-meningitis-vaccinations

**The push for the requirement is based on the fact that there were 3 cases in Colorado and 1 resulted in death.** According to the article, "Thirty percent of the meningitis cases are the B strain, which typically occur in college-aged kids and against which the three vaccines are completely ineffective. The FDA recently approved two B strain meningococcal vaccines, Trumenba and Bexsero. Vaccine makers are pushing government officials to add them to the recommended schedule for the fall semester. **Critics have faulted the government's expedited safety and efficiency testing for the new B strain vaccines citing glaring lapses in safety protocols including the absence of inactive placebos**. In addition, both new B vaccines are "pregnancy category B," meaning that they should be administered to pregnant women only when necessary. **Neither vaccine has been tested for carcinogenicity, mutagenicity or effects on male fertility**."

## The cost of mass vaccination vs. the prevalence- The math just doesn't add up

"**According to their package inserts, Menactra and Menveo produce "serious adverse events" in 1 percent of recipients. Menomune, with its hefty mercury load, sickens 1.3 percent of those receiving it. According to the CDC Pink Book, 0.3 percent of those with "serious adverse events" from meningitis vaccines will die**. **So here is the math calculation that thoughtful student governments in Colorado must consider: If you inoculate Colorado's 400,000 college students with the older vaccines, you can expect 4,000 serious adverse events and 12 dead. We do not yet know the effects of widespread vaccination of the hastily-expedited B vaccines, but according to their package inserts, about 2 percent of students who receive the B vaccine will be sickened or hospitalized with a serious adverse event. This could translate into an additional 8,000 sick students and 24 deaths, for a total of 12,000 sick and 36 dead in the attempt to possibly avert three meningitis cases**."

"**The budgetary issues are significant. Administering Bexsero will cost an estimated $320 per student according to the CDC vaccine price list. For Colorado's 400,000 students, the cost for the B vaccine alone would be $128 million annually**."

The numbers cited in articles when you do an internet search say that there are about 4,000 cases of meningitis annually in the U.S., resulting in about 500 deaths. But according to the CDC's own data published weekly called the Morbidity and Mortality Weekly Report (MMWR), there were only 340 "provisional" cases as of December 31st, 2016 for the year.
See https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552md.pdf .

Provisional cases mean that the number reported is a temporary estimate, until all the reporting comes in, which is generally considered to be final approximately 6 months afterwards, in this case after the end of the year. As of July 2017, the MMWR table reported 371 cases for 2016.
See https://www.cdc.gov/mmwr/volumes/66/wr/mm6621md.htm?s_cid=mm6621md_w .

**Considering that there are 320 million people in the U.S., it means that there was only one case for every 863,000 people. That is barely more than a one in a million chance! That is far less (64 times less), than the chances of getting struck by lightning! According to the National Oceanic and Atmospheric Administration, the chance of getting struck by lightning in one's lifetime (80 years), is 1 in 13,500.** http://www.lightningsafety.noaa.gov/odds.shtml

Not only are the odds of contracting bacterial meningitis extremely rare (although it can be serious and even fatal), most cases are very treatable and result in no lasting complications. **Since the CDC estimates that approximately 12.5% are fatal, it means your chance of dying from bacterial meningitis is approximately 1 in 7 million. To put that another way, the chances of dying from it, is around 512 times less than getting struck by lightning!**

So, let's do the math using the statistics given above by Robert F. Kennedy Jr., and extrapolating the 400,000 students he used to calculate the severe adverse reactions, deaths and cost of vaccinating every man, woman and child in the U.S. (which I'm sure would be big pharma's dream). **Taking the population of the U.S. (320 million) and dividing that by the 400,000 students he mentioned, we see that our multiplier for the stats he gave is 800. Therefore, if every person was vaccinated using the older vaccines, there would be approximately 3.2 million serious adverse reactions and 9,600 deaths! Contrast that with the 371 cases in 2016, of which 47 died (or even the 4,000 cases 500 deaths cited by some sources, even though that isn't corroborated by the CDC's MMWR report). With the newer less tested vaccine, the one where the vaccine insert estimates that 2 percent will have a serious adverse reaction that may require hospitalization, it would triple the numbers just cited! That would mean approximately, 9.6 million serious adverse reactions and 28,800 deaths. And, at the $320 cost per person, it would mean that it would cost over 102 billion dollars to vaccinate every man, woman and child in America with the Meningococcal vaccine! Put another way, $102,400,000,000 (yes that's BILLION), "invested" to prevent something that each person would be 64 times less likely to even contract than they would to be struck by lightning and end up with an estimated 29,000 people dead (versus between 47 and 500 fatalities depending on the source you want to believe). What? Can you believe that? If that isn't outlandish enough, take into consideration the medical costs (hospitalizations, doctor visits, medication, etc.), to care for the 9.6 million adverse reactions! That would be well into the billions of dollars as well. And lastly, but certainly NOT least, the toll on the millions of families of those that were vaccine injured, disabled or even dead.**

The next time you hear the fear mongering, name calling and hysteria of those citing numbers of potential casualties without full compliance vaccination being thrown around by the media or the pharmaceutical talking heads, just **DO THE MATH.**

# THE TRUTH ABOUT THE DECLINE OF INFECTIOUS DISEASES

## The facts about the decline of measles

### These 2 graphs showing the decline of the death rate due to measles in the US and the UK speak volumes

**This first graph** (see the link), **shows how the trajectory for the decline of measles from 1912 was on pace to reduce the measles death rate to 1 person in 25 million by 2010, even without regard to measles vaccination**. In other words, based on the annual rate of deaths due to measles historically, if the measles vaccine was never used, the rate of deaths due to measles would still be right where we are today. https://childhealthsafety.files.wordpress.com/2009/01/measlesmortalityusa1971-75_1.jpg

**In this second graph** (see link), you can see the same trend **in the U.K. from 1912 to 2006**. If you were to extend the red line out to 2010, as in the case of the graph for the U.S., you would be at **the same death rate of 1 per 25 million people.**
https://childhealthsafety.files.wordpress.com/2009/01/0707275measleslog.jpg

### An optical illusion- Showing only part of the graphs of the decline of infectious diseases

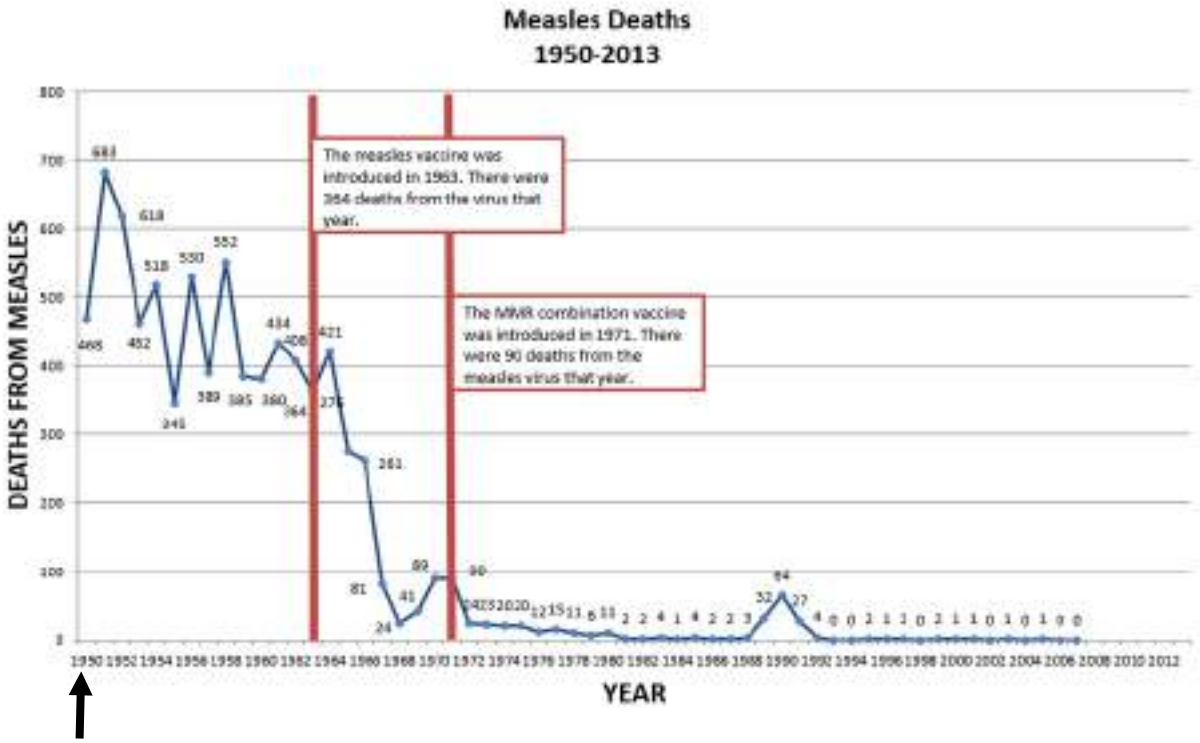
One interesting tactic by vaccine proponents when showing graphs of the decline of measles deaths and incidence of other infectious diseases, is that they only show the period shortly before when the vaccine was introduced. That way you can't see the dramatic and steep decline of the rates and deaths from those diseases from 1900 to shortly before the vaccine was introduced. These next 2 graphs demonstrate that effect. Whether it is intentional or not may be a topic to debate, but the visual effect it gives them to make their case isn't. The reality however, is that is only PART of the story.

Another thing to consider, is that medical historians agree that measles cases were significantly **UNDER-reported** in the first half of the 20th century. **That was because almost everyone contracted measles as a child. It was not considered out of the ordinary and the majority of parents nursed their child back to health without consulting a** doctor. For many, access to medical care was inconvenient or unaffordable, especially for an illness that most children recovered from with no ill effects.

**This first graph shows measles deaths from 1950-2007. By omitting the first 50 years of the century, it gives the impression that the vaccine was instrumental in the decline.**

**The second graph then shows measles deaths from 1900-1970. You can see the precipitous decline of measles deaths throughout the 20th Century, with the steep downward trajectory from its peak in 1915 to 1963 when the measles vaccine was introduced. For the pharmaceutical industry and medical doctors to claim that vaccines save thousands of deaths annually is simply a lie. How can vaccines get the credit for the 98% reduction in deaths BEFORE the vaccine existed?**

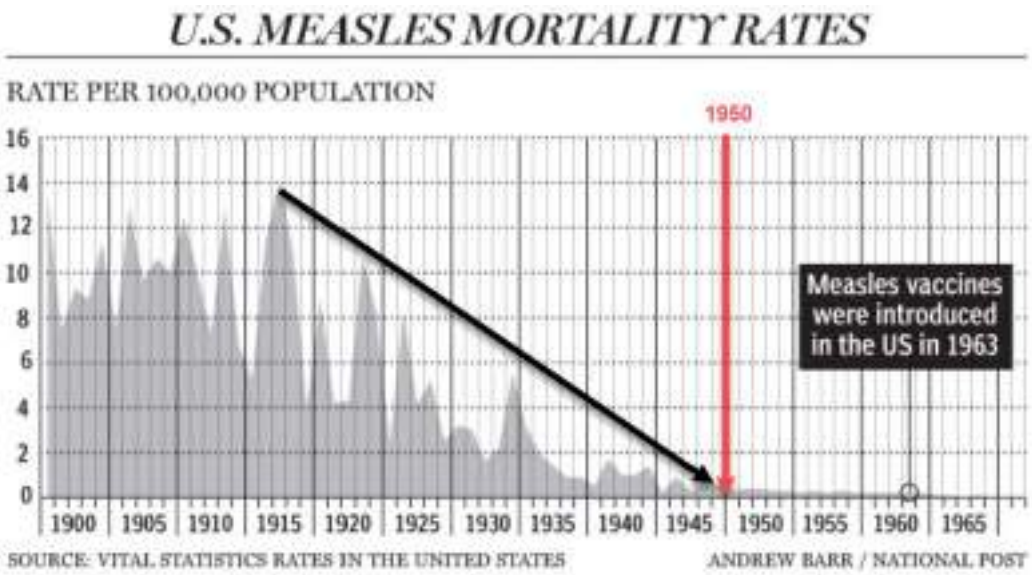
**THIS GRAPH IS A CASE OF SELECTIVE REPORTING INTENDED TO SHOW ONLY ENOUGH TO MAKE IT LOOK LIKE THE MEASLES VACCINE HAD MAORE OF AN IMPACT THAN IT DID**




**1950** (arrow added by me)

**Source**: https://vaccines.procon.org/view.additional-resource.php?resourceID=005969

**Now look at the next graph. The chart above starts at 1950 where the red line is in the chart below. This omission of the sharp decline of measles from 1900 to 1950 hides the truth about what was occurring in the sharp decline of the disease attributed to better nutrition, hygiene, sanitation, clean water, etc.**

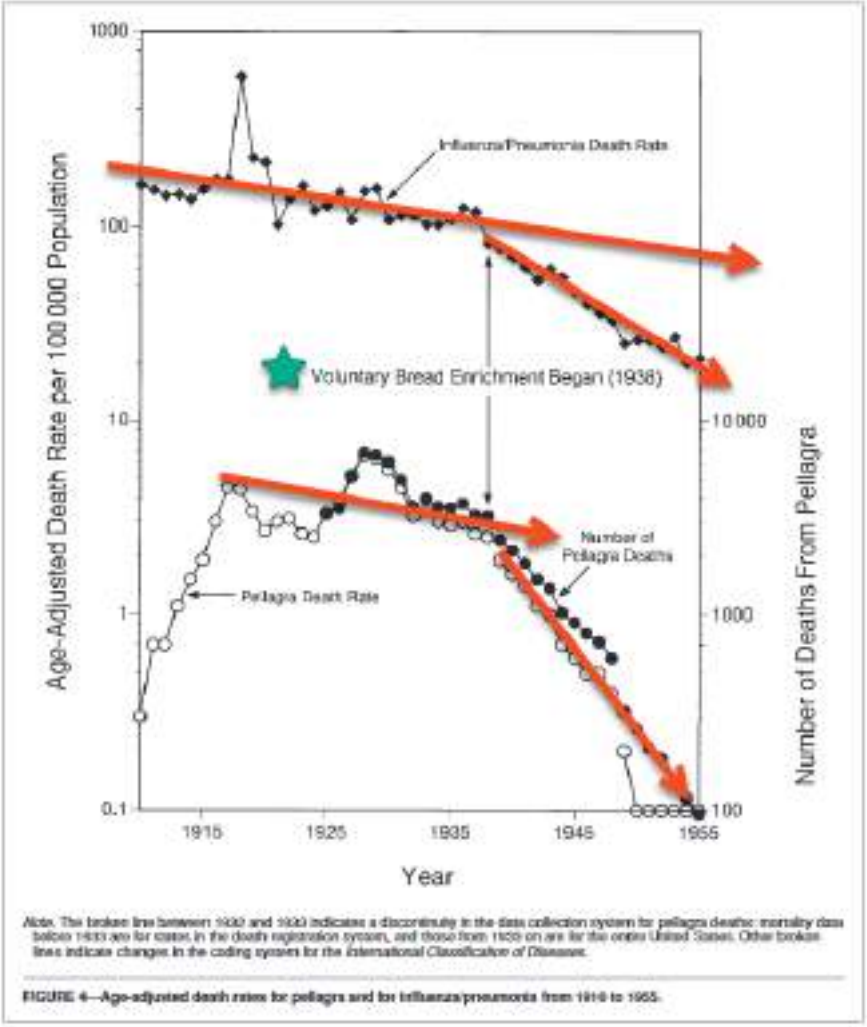



(arrows added by me)
**Source:** https://business.financialpost.com/opinion/lawrence-solomon-the-untold-story-of-measles

**All other infectious diseases followed this same trend as evidenced by the must-see graph links in the section in a few pages titled, "Should vaccines really get the credit for the decline of infectious diseases"**

Now on the next page, let's see what fortifying foods with vitamins has done to the death rates in the U.S. over that same time period

Check out this graph representing the impact of the fortification of bread in 1938 with vitamins, including niacin, a B vitamin which can prevent Pellagra a potentially deadly disease.




**Source: Effectiveness of Food Fortification in the United States: The Case of Pellagra, *The American Journal of Public Health, May 2000.*** http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.90.5.727

The arrows I have added show the change in trajectory of **deaths due to influenza (flu)/pneumonia on the top half of the graphic and the change in the death rate due to pellagra on the bottom half.** What a HUGE change in the outcomes of an infectious disease AND a nutritional deficiency disease.

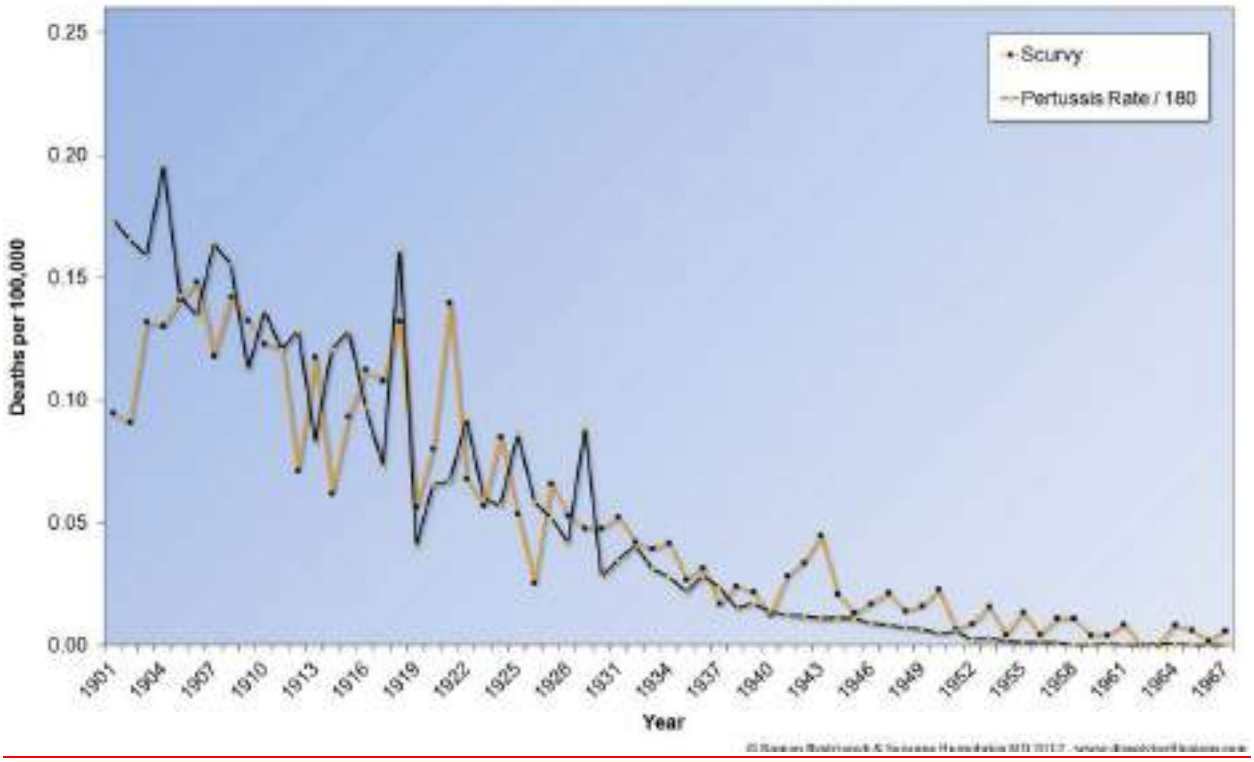
*Note: The decline of the trajectory of measles and its level at the very bottom of the graph had reached that tremendous decline 8 years before the vaccine is introduced

**Another major factor in the drop of complications and deaths from the measles, the addition of Vitamin A to fortified foods as you will see in the report in a few pages. Vitamin A has been credited by the World Health Organization, as one of the most influential factors in lowering the mortality rate from measles around the world. The following link will take you to a graph that shows the percent of four different nutrients from food fortification in the U.S. over the years. You will notice that from 1950-1968 vitamin A fortification went from 3 percent to 12 percent, a 300 percent increase. The sharpest decline in measles cases during that time period occurred in 1963-64 with another even sharper rate of decline around 1967** (see the link to the first graph on the previous page). http://perfecthealthdiet.com/wp/wp-content/uploads/2012/03/Slide1.jpg

**Other nutritional initiatives for infant baby formula and children went into effect at the same time the measles vaccine was introduced (see "other factors" in a couple pages). The addition of all of these nutritional fortifications make it impossible to say it was the vaccine was THE reason for the decline that occurred after its introduction.**

**This graph shows the precipitous decline of scuvy (caused by a deficiency of Vitamin C)**

**and Pertussis an infectious disease over 70 years**




**Graph Courtesy of Roman Brystrianyk and Suzanne Humphries MD**

***Note that the pertussis vaccine was not in widespread use until the mid-1940s**

**This is a powerful example of how as nutritional deficiencies were corrected by better diet, the rates of infectious diseases also fell.**

In just a couple of pages under the title **Should vaccines really get credit for the decline of infectious diseases?,** you will see how infectious disease ran rampant in overcrowded dirty cities, both here and in Europe in the 19th and early 20th centuries. **Thanks to improved nutrition, better waste disposal and sanitation, improved personal hygiene, increased prosperity and less crowded living conditions, the rates of infectious diseases began to plummet.**

## Statistics can be manipulated and often are, even by omission

While it is true that measles has led to deaths and complications, like anything else you have to keep things in perspective.

Considering that estimates are that between 3 and 4 million people contracted measles prior to the vaccine's introduction in 1963 and approximately 400-500 people died annually from measles complications. https://www.cdc.gov/measles/about/history.html

That means that at an average of 450 deaths, there was 1 death in between 6,667- 8,889 cases.

In 1963, the population of the U.S. at that time was 189,241,798. Therefore prior to the vaccine, the U.S. death rate from measles was .00000238. That is "two hundred thirty-eight hundred-millionths", or .000238 percent.

To compare the 450 deaths from measles to other causes of death I'll quote from an article written by Dawn Babcock Papple on Vaxtruth.org

"*Meanwhile,* about 12,000 people died from stomach ulcers and the likes. Just over 43,000 people died from car accidents in 1963. Over 700,000 people died from heart disease.

In 1963, you were more likely to be one of the 9200 people murdered that year than to die of measles. If you were born in 1963, you were more likely to die from a congenital disease than from measles. In 1963, it was about 46 times more likely for a child to die from a congenital malformation than for someone to die from the measles.

Frankly, in 1963, you were about 46 times more likely to kill yourself than you were to die from measles."

Now an important consideration on those numbers we just discussed. We are taking the CDC statistics on face value. Those numbers are on the number of diagnosed not confirmed cases. So, how accurate are doctor's diagnoses of measles infection? There are many sources that say measles are highly over diagnosed. When studies of diagnosed cases have been tested for measles, the rate of those cases positively confirmed has been very low.

## Other important considerations from the article:

"The CDC uses the number of cases, as opposed to the rate of cases of measles infections, making no attempt to adjust for the drastic population growth in the decade just before the first vaccine was licensed: The Baby Boom. In addition, they do not address the historic 2-3 year cycle of measles."

**DRASTIC POPULATION INCREASE, PLATEAUED CASES** ***(The Baby Boomers)***

"Our population rose from 139.9M in 1945 to 189.5M in 1963: That's almost FIFTY MILLION new Americans. Greater than an additional 1/3 of the population was added to the U.S., but it is not even considered when presenting measles data." *(This is important because there would obviously be a significant increase in the number of cases, whereas if they used the rate per 100,000 people there would not be the same spike).*

"In 1958, we saw a large spike in the actual number measles cases (nearly 800K), that is true." *(U.S. Census figures show a large spike in 1951 and then continued to increase until 1957, when it slowly started to decline until 1964, after which there was a sharp decline in births in 1965).* "

This would be expected, given that the Baby Boomers were highly susceptible because they were children, previously unexposed and almost exclusively fed formula (and did not get measles antibodies during infancy from their mothers' milk.) After that spike, we would expect to see another spike in two to three years, because that is the historic cycle. But that never happened. The number of cases held at around the 400K level, despite the population continuing to increase."

"Though the first measles vaccines (which was deemed a failure in ability to create antibodies) was not licensed until the later part of the measles season on the sixth year of the cycle, there was still no major spike. The next measles vaccine was licensed near the end of that measles season that same year. Meanwhile, in the five year span between the 1958 spike and the first vaccines, the population grew by 14.6 million."

https://census.gov/content/dam/Census/library/publications/2014/demo/p25-1141.pdf

**OTHER FACTORS**

"In 1957, the AAP's new committee on nutrition released the new guidelines that doctors would use. In 1958 and 59, when almost every single baby was drinking formula instead of breastmilk, commercial infant formulas were finally fortified with iron. In 1960, Miles Laboratory developed Chocks, the first chewable multivitamin aimed at children. Flintstones followed shortly thereafter. In January of 1961 Kennedy's first executive order mandated that the USDA donations to the poor include a variety of fresh

foods rather than whatever was at a surplus that year. Later, that same year, the USDA was required to donate foods to schools for children who could not afford food. Kennedy continued to support initiatives that helped the poor and minorities until his death in November 1963. The work he began continued after his death. In 1964, President Johnson launched the "War on Poverty." 1964 brought on the "Food Stamp Act." Medicare and Medicaid were offered to Americans in 1965. Additionally, by 1965 the proportion of people living in poverty decreased by about 1/3 when compared to the numbers in 1950."

**ADDITIONAL SUPPORTING DATA**

"Another great way to show that measles cases had been declining is to look at military records. They used actual rates, kept great records and focused in one specific age range. In the Civil War, which was in the 1860, the cases reported were 32.2 per 1000-person years. The rate drops to 26.1 in the Spanish American War. During World War I, it was 23.8. And in the second world war, it was down to 4.7 per 1000 man years. It was the same rate decline in the Royal Navy records as well, which recorded a little differently, but still showed a decline. In WWI, the rate of measles was 16.0 per patients admitted for the entire duration. In WWII, the case rate was 2.9 per patients admitted."

## Measles are significantly over diagnosed, making the numbers look much higher than they really are– Up to 7400%

There are several diseases and conditions that have very similar symptoms to measles. If doctors don't actually run blood work looking for the measles titer, **studies show they are wrong over 90 percent of the time.**

**Two studies:**

**A**. Laboratory confirmed cases of measles, mumps, and rubella, England and Wales: October to December 2004. Notified: 474, Tested: 589†, Confirmed cases: 8

**RATE OF OVER-DIAGNOSIS:** 589/8 = proportionately **7400% or 74 times over diagnosed**

**SOURCE: CDR Weekly, Volume 15 Number 12 Published: 24 March 2005**
http://webarchive.nationalarchives.gov.uk/+/http://www.hpa.org.uk/cdr/archives/2005/cdr1205.pdf

[Note from Source: "†Some oral fluid specimens were submitted early from suspected cases and may not have been subsequently notified, thus the proportion tested is artificially high for this quarter."]

**B.** Total confirmed cases of measles and oral fluid IgM antibody tests in cases notified to ONS*: weeks 40-52/2005. Notified: 408, Tested: 343, Confirmed cases: 22

**RATE OF OVER DIAGNOSIS:** 343/22 = proportionately **1560 % or 15.6 times over diagnosed**

**SOURCE: CDR Weekly, Volume 16 Number 12 Published on: 23 March 2006…Page 7**

http://webarchive.nationalarchives.gov.uk/+/http://www.hpa.org.uk/cdr/archives/2006/cdr1206.pdf

## Other conditions often mistaken for measles

- Fifth Disease
- Roseola
- Mononucleosis
- Parovirus
- Enterovirus
- Adenovirus
- HHV-6
- Allergic reactions

**Sources:**

**Etiology of Measles- and Rubella-like Illnesses in Measles, Mumps, and Rubella—Vaccinated Children** ***Journal of Infectious Diseases- 1998*** https://academic.oup.com/jid/article/178/6/1567/844652

**Pediatric Viral Exanthems**, ***Children's National Health System***
https://childrensnational.org/choose-childrens/conditions-and-treatments/skin-disorders/viral-exanthems-rashes

## Rates of measles deaths fell more than 95% BEFORE the vaccine was introduced

As with other infectious diseases, government statistics show that they were on decline of a steep trajectory throughout the 20th century long before the vaccine. I will discuss the reasons why in the next few pages.

Measles Mortality UK & USA

Rubella Mortality – England and Wales

# Validation of the drop in infectious diseases PRIOR to mass vaccination directly from U.S. government statistics and located on the CDC's website

Visit this site and you will see the same trends of greater than 90% reduction of infectious diseases PRIOR to vaccine introduction and mass vaccination programs. **See pages labeled 79-85 and page 92.**
https://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf

## The Journal of the American Medical Association shows that the death rates from infectious diseases had dropped to modern-day levels prior to mass vaccination campaigns

A 1999 article published in the ***Journal of the American Medical Association*** titled, **Trends in infectious disease mortality in the United States during the 20th century**, clearly shows that the rates of death from infectious diseases had reached a low point before mass vaccination for modern day infectious diseases in the 1960s. In fact, since the 1960's there had been no reduction in mortality from infectious diseases in the U.S. over the 30-year period up until the mid-1990s. This article contains some fascinating graphs showing the rates of decline of various infectious diseases combines and overall, as well as by age groups. https://www.ncbi.nlm.nih.gov/pubmed/9892452

**Results:** "Infectious disease mortality declined during the first 8 decades of the 20th century from 797 deaths per 100,000 in 1900 to 36 deaths per 100,000 in 1980. From 1981 to 1995, the mortality rate increased to a peak of 63 deaths per 100,000 in 1995 and declined to 59 deaths per 100,000 in 1996. The decline was interrupted by a sharp spike in mortality caused by the 1918 influenza epidemic. From 1938 to 1952, the decline was particularly rapid, with mortality decreasing 8.2% per year."

This begs the question, since vaccines have been sold to the public as saving millions of lives and have reduced these "devastating" diseases to a mere fraction of what they used to be, then why don't the statistics support that? I am willing to give credit where credit's due, but the government's own data clearly doesn't support the claims!

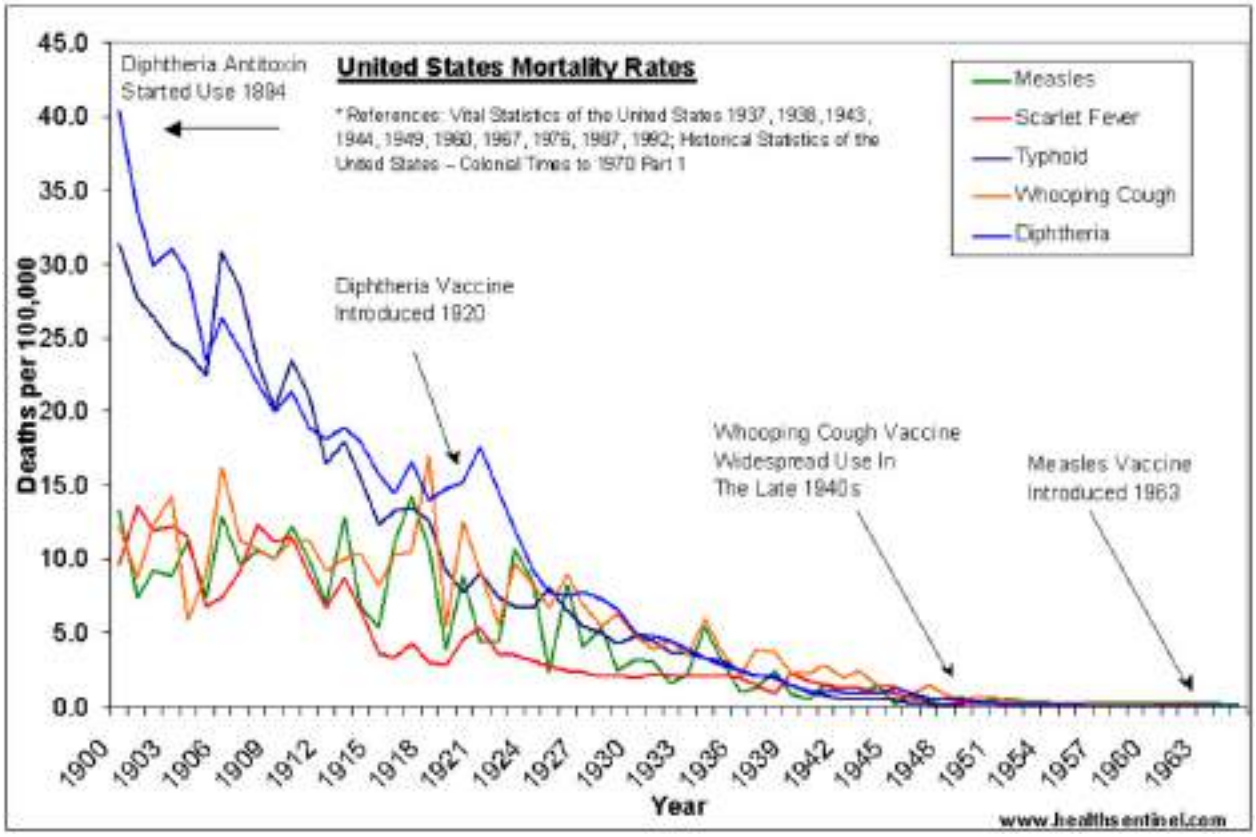
## One more excellent source that reinforces the prior evidence

Scroll down in the article to see excellent statistics, commentary and graphs on the decline of infectious disease prior to introduction of vaccines.
https://childhealthsafety.wordpress.com/graphs/#Mumps_Eng_Wales

# Should vaccines really get credit for the decline of infectious diseases?

## A picture is worth a thousand words- These must-see graphs say it all!

Is this a simple case of mistaken identity? A vaccine is introduced, and the trajectory of the disease goes down. **The most important question that no one ever asks is, what was the trajectory before the vaccine was introduced? If the trajectory was in a steep decline at or greater, than after the vaccine was introduced, it is probable that the vaccine got the credit for something it did not do.** Re-read the statistics here > http://www.vaccinationcouncil.org/2013/11/12/vaccines-a-peek-beneath-the-hood-by-roman-bystrianyk-and-suzanne-humphries-md/




**Source:** http://drsuzanne.net/dr-suzanne-humphries-vaccines-vaccination/

**Here is another source showing the decline of various diseases from many countries around the world before the vaccines were introduced…** http://www.whale.to/vaccines/decline1.html

**As you can see, the sharp decline in mortality from all of these infectious diseases was greater than 90% BEFORE any of the vaccines were even in existence. The reason is, that history shows that significant improvements were made in personal hygiene, improved sanitation habits, refrigeration, sewage elimination, better nutrition and cleaner water supplies during the previous 100 years. Improvements in trade and commerce also contributed to access to higher quality nutrition.** In recent history in underdeveloped and third-world nations, we have seen rates of infectious disease very similar to what they used to be in western countries 100 years ago, prior to all of these improvements. And yet, many of these impoverished nations are seeing dramatic improvements in hygiene, sanitation, better nutrition and clean water as a result of efforts provided by outside government funding and charitable organizations. Not coincidentally, the rates of infectious disease complications and deaths are also dropping significantly.

Yet, vaccine proponents point out that rates of cases of infectious disease that are immunized against dropped significantly when the vaccines were introduced. **My question to them is, why did all the other cases of infectious diseases that have not been immunized against in the United States drop at the same trajectory as the ones that were? Look at this chart** https://www2.census.gov/library/publications/2004/compendia/statab/123ed/hist/hs-18.pdf It is from ***the U.S. Census Bureau*** (cases per 100,000 population), it is clear that the rates of all infectious diseases

dropped together. The first five diseases (Tuberculosis, Syphilis, Gonorrhea, Malaria and Typhoid Fever) are not vaccinated against in the U.S. If you look at the trends throughout the chart and look at the bottom of the chart at the highest and lowest numbers, you can see that compared to the three diseases that are regularly vaccinated against (Diphtheria, Pertussis or whooping cough and Measles) the decreases are the same (although admittedly, the pre-vaccine rates for measles had dropped less until after the vaccine was introduced). As a contrast to the rate of decline in the number of measles cases, the rate of deaths due to measles declined sharply over the sixty years prior to the introduction of the measles vaccine, due to better sanitation, health conditions, access to better food (including vitamin fortification) and cleaner water, etc. **One could argue that the number of deaths and illness due to measles in the U.S. just prior to the vaccine's introduction could have been reduced almost entirely, if a campaign to educate parents about supplementing their children with inexpensive vitamin A would have been implemented. But of course, that would not be patentable and marketable by the pharmaceutical industry. The *World Health Organization* has touted the success of vitamin A in reducing mortality and morbidity from measles in many third-world countries. You will see some research discussing that next.**

## The realization that vaccines and medical interventions did not contribute much if at all, to the decline of deaths from infectious diseases is not new, as this 1977 paper discloses

A 1977 paper titled, **The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century**, describes, and shows graphically in detail that the statistical facts do not support the marketing propaganda that vaccines are responsible for "saving countless lives".
http://www.columbia.edu/itc/hs/pubhealth/rosner/g8965/client_edit/readings/week_2/mckinlay.pdf

The authors this study, John B. and Sonja M. McKinlay are from the Department of Sociology of Boston University and Massachusetts General Hospital, the Department of Mathematics of Boston University, Radcliffe Institute and from Harvard University.

This article produces some fascinating insights. Since a picture is truly worth a thousand words, I will add a couple of the graphs starting on the next page.

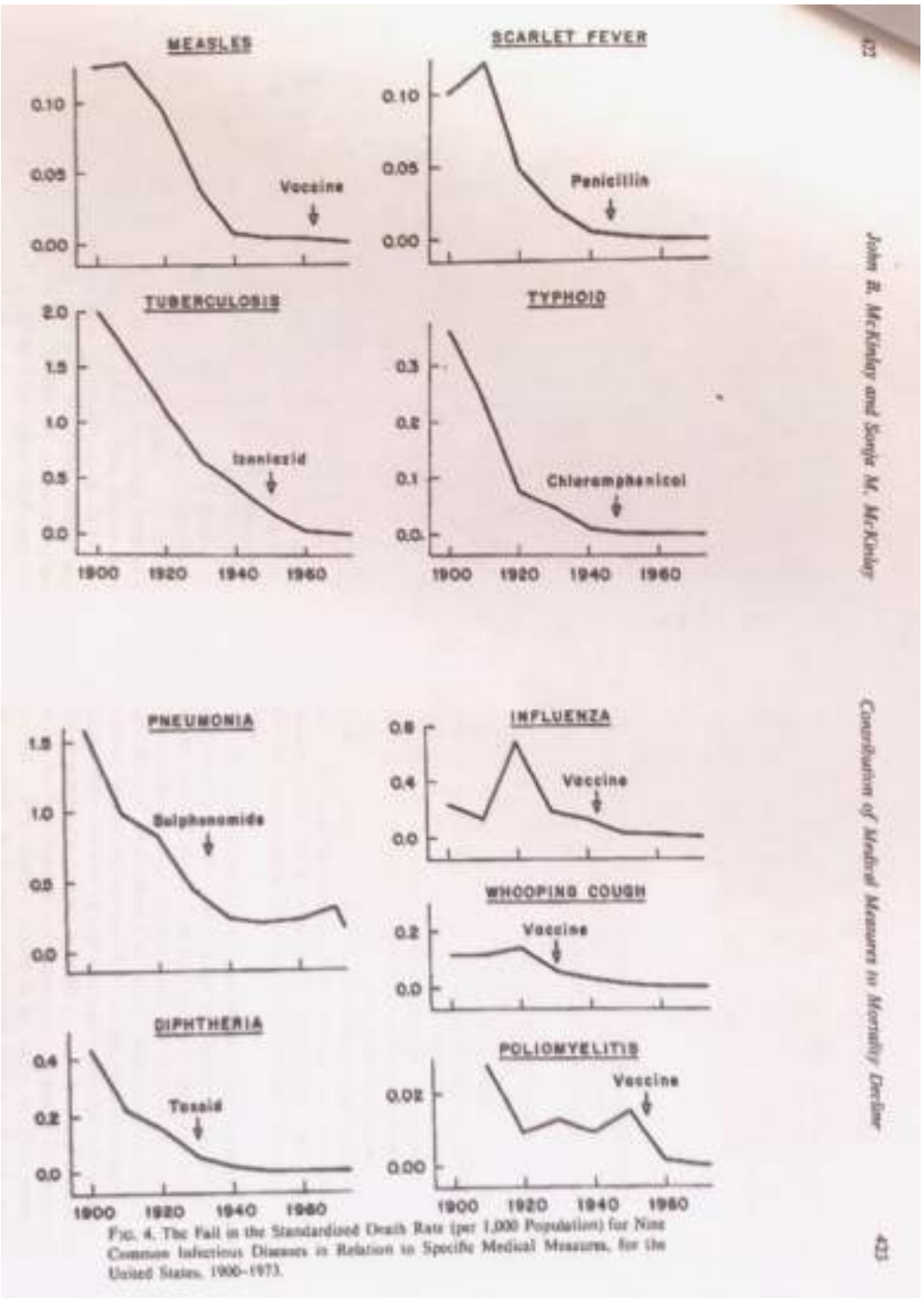



FIG. 4. The Fall in the Standardized Death Rate (per 1,000 Population) for Nine Common Infectious Diseases in Relation to Specific Medical Measures, for the United States, 1900–1973.

When you look at the trajectory of the decrease in mortality before and after the introduction of the medical intervention (vaccine/treatment drug), you can see that there is virtually no change in nearly every case (including measles, for which the propaganda about the vaccine saving us in the U.S. is at a "fever pitch" as I write this). The report did say that the introduction of the polio vaccine did appear to

make some difference in the decline of the mortality rate, however as my section on pages 470-472 and the next section points out, the fortification of foods also corresponded with those change points. Additionally, as described on pages 641-645, the decline of DDT also correlated with the decline in cases of polio. The symptoms of DDT poisoning are said to be "indistinguishable" from those of poliomyelitis.

**From the article:** (remember this covered up until 1973 and was written in 1977)
"Certainly, from the evidence considered here, only poliomyelitis appears to have had a noticeably changed death rate subsequent to intervention. Even if it were assumed that this change was entirely due to the vaccines, then only about one percent of the decline following interventions for the diseases considered here (column d of Table I) could be attributed to medical measures."

"A major part of the decline in deaths from these causes since about 1900 may be attributed to the virtual disappearance of these infectious diseases."

"In 1900, about 40 percent of all deaths were accounted for by eleven major infectious diseases… By 1973, only 6 percent of all deaths were due to these eleven infectious diseases."

**The conclusion:**

"In general, medical measures (both chemotherapeutic and prophylactic) appear to have contributed little to the overall decline in mortality in the United States since about 1900-having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most instances. More specifically, with reference to those five conditions (influenza, pneumonia, diphtheria, whooping cough, and poliomyelitis) for which the decline in mortality appears substantial after the point of intervention- and on the unlikely assumption that all of this decline is attributable to the intervention-ii is estimated that at most 3.5 percent of the total decline in mortality since 1900 could be ascribed to medical measures introduced f or the diseases considered here."

This next graph shows an interesting comparison of total mortality, mortality minus 11 infectious diseases and the increase in the Gross National Product spent on medical care in the U.S. As medical expenditures skyrocketed from the mid 1950's to 1973, you cannot see any perceptible change in the rate of decline of either total mortality (includes heart disease, cancer, stroke, accidents and all other causes), or in the death rates from infectious diseases. In fact, shortly after the steep increase in G.N.P on medical care you can see an INCREASE in all cause and infectious disease mortality for about 10 years (1960-1970).

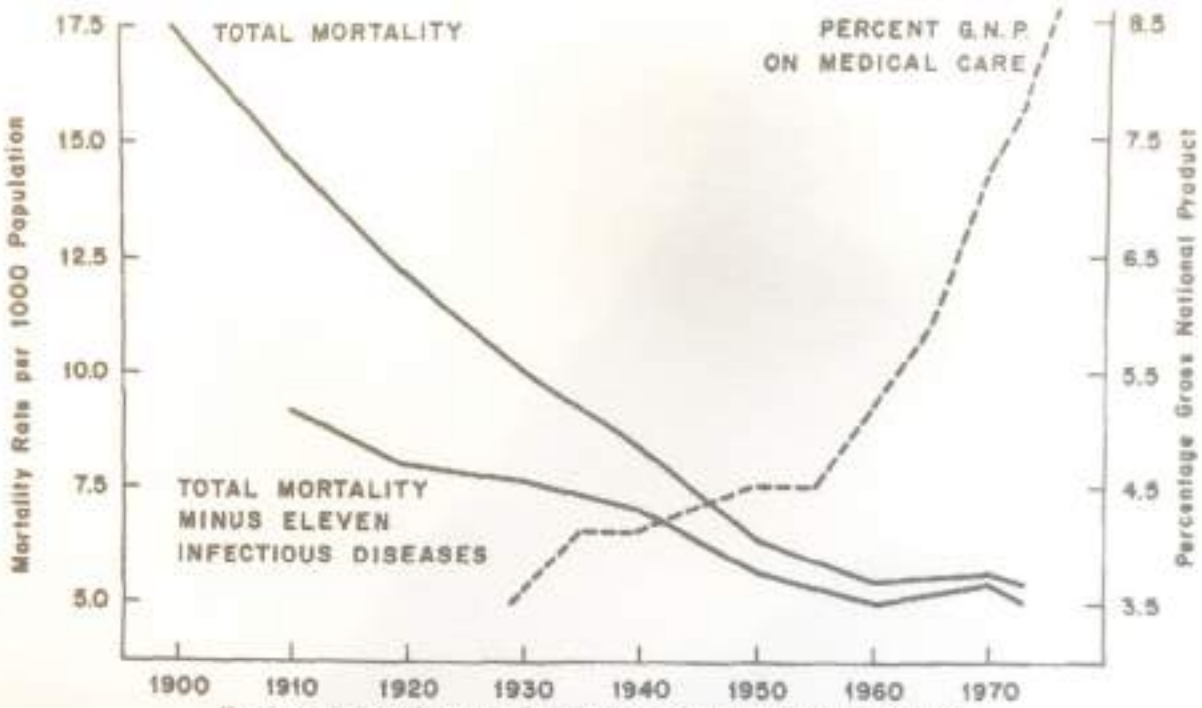


FIG. 2. Age-and Sex-Adjusted Mortality Rates for the United States 1900–1973, Including and Excluding Eleven Major Infectious Diseases, Contrasted with the Proportion of the Gross National Product Expended on Medical Care.

Since it has been obvious since at least 1977, that vaccines had very little if anything to do with the decline of the numbers of deaths from infectious diseases, how did that myth continue to be perpetuated even to this day, over 40 years later? It comes down to one word….**MARKETING!**

Looking at that steep incline of spending on health care through 1973 is just a preview of the rising costs since then. As of 2017, in the U.S., we spend an average of $10,739 for every man, woman and child. That is by far the highest of any nation in the world. This is more than double what the United Kingdom, Belgium, Australia, Japan, France and Canada spend. In 2017, the U.S. also had by far the highest percentage of Gross Domestic Product (GDP) spending on health care in the world at 17.9%.

https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and reports/nationalhealthexpenddata/nationalhealthaccountshistorical.html

So as the world's most expensive health care system, how does all that spending translate into health care access, quality and efficiency? According to an extensive report published in the British medical journal Lancet, not very well. The U.S. ranked 29th in the world according to their metrics.
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30994-2/fulltext

## Fortification of foods with micronutrients like vitamin A and zinc, recognized as part of a cost-effective strategy in developing countries

A 2005 article from the ***British Medical Journal*** titled, **Cost effectiveness analysis of strategies for child health in developing countries,** touts the value of nutritional supplementation to boost immunocompetence in children as a cost-effective strategy to prevent measles. https://www.ncbi.nlm.nih.gov/pubmed/16282378

**RESULTS:**
"Cost effectiveness ratios clustered in three groups, **with fortification with zinc or vitamin A as the most cost-effective intervention**, and provision of supplementary food and counselling on nutrition as the least cost effective. Between these were oral rehydration therapy, case management of pneumonia, vitamin A or zinc supplementation, and measles immunisation."

**CONCLUSIONS:**
**"On the grounds of cost effectiveness, micronutrients and measles immunisation should be provided routinely to all children, in addition to oral rehydration therapy and case management of pneumonia for those who are sick. The challenge of malnutrition is not well addressed by existing interventions."**

### Another article touts the life-saving effects of vitamin A

A study published in ***Health Policy and Planning*** 2008 titled, **The cost of Child Health Days: a case study of Ethiopia's Enhanced Outreach Strategy (EOS)**, made the following statement:

"**Taking into account only the mortality impact of vitamin A, EOS saved 20,200 lives and averted 230,000 DALYs of children 6-59 months**." DALY stands for Disability Adjusted Life Year, a measure of the number of years lost due to ill-health, disability or early death.

### Vitamin A supplementation reduces death and disease rates including blindness and other visual disorders in children under 5

A 2011 study published in the prestigious ***British Medical Journal*** titled, **Vitamin A supplements for preventing mortality, illness, and blindness in children aged under 5: systematic review and meta-analysis,** found Vitamin A to be a low-cost and effective way to improve health outcomes in children in low and middle income countries, especially where access to quality nutrition is limited. This study was a meta-analysis of other studies and included 43 trials, with about 215,633 children aged 56 months to 5 years of age. https://www.ncbi.nlm.nih.gov/pubmed/?term=21868478

**Incredibly, this study found that vitamin A supplementation could reduce the incidence of measles infection by 50% and the death rate from measles by 20%.**

## In addition, the article looks at the even bigger picture

**Implications for policy:**
**Vitamin A deficiency is a common condition that contributes to illness, blindness, and death; supplements can reduce these problems for children aged under 5 in low- and middle-income countries. National and regional supplementation programmes could be among the world's most cost effective public health interventions. If the risk of death for 190 million children deficient in vitamin A were reduced by 24%, estimates from 2008 suggest that over 600,000 lives could be saved each year and 20 million disability adjusted life years would be gained.**

**Discussion:**
"Comparable with previous reviews, this review shows that **vitamin A supplementation is associated with large and important reductions in mortality for children in low- and middle-income countries. This adds substantively to previous reviews in providing a plausible pathway and indicating that vitamin A supplementation reduces the incidence of and mortality from diarrhoea and measles**."

**Conclusions:**
"**Vitamin A supplementation is associated with large reductions in mortality, morbidity, and vision problems in a range of settings, and these results cannot be explained by bias**. Further placebo controlled trials of vitamin A supplementation in children between 6 and 59 months of age are not required. However, there is a need for further studies comparing different doses and delivery mechanisms (for example, fortification). **Until other sources are available, vitamin A supplements should be given to all children at risk of deficiency, particularly in low- and middle-income countries**."

Now I'm going to express some righteous anger here…With al, the hysteria about the measles in the media, why in the h_ _ _ aren't we hearing anything on the nightly news and cable channel programming about the use of vitamin A to protect from and treat children for infectious diseases? A simple, low cost and VERY effective way to **prevent** and **treat** to reduce the complications from infectious diseases like measles and influenza is readily available to everyone, yet all we hear about is how without vaccines children will be dying by the thousands or tens of thousands here in the U.S. This is not only ridiculous, it is shameful, reckless and irresponsible! When will our government officials, medical doctors and institutions start telling the truth and stop enriching the pharmaceutical industry by lying to the public? If only the honest and ethical ones would step up and break free of the dogma and disinformation, we could truly begin to change the trajectory of this failed paradigm and the fallout for the health of our population.

## The World Health Organization's recommendations include Vitamin A as a cost-effective way to prevent infectious diseases

**Vitamin A supplementation in infants and children 6–59 months of age- Guidance summary***
http://www.who.int/elena/titles/guidance_summaries/vitamina_children/en/

***The W.H.O. dose recommended for malnourished infants and children is way too high for the vast majority of children in first-world countries. See page 687 for a very important caution on dosing.**

# The real cause of infectious disease

## Historical accounts of the conditions making it ripe for infectious disease epidemics (similar in many ways to third-world conditions today)

### A look at 19th century and early 20th century U.S. and Western European cities; overcrowded, unsanitary conditions and more…

**The following excerpt is from a book by Frederick Engels in 1845 titled, <u>The Condition of the Working Class in England in 1844</u>. It powerfully highlights exactly what I was just saying, by describing the terrible living conditions in the 19th and early 20th centuries. His book details the living conditions on many of the cities of Europe at that time. This excerpt is from page 97. It is really worth taking the time to read**

"That a class which lives under the conditions already sketched and is so ill-provided with the most necessary means of subsistence, cannot be healthy and can reach no advanced age, is self-evident. Let us review the circumstances once more with especial reference to the health of the workers. The centralisation of population in great cities exercises of itself an unfavourable influence; the atmosphere of London can never be so pure, so rich in oxygen, as the air of the country; two and a half million pairs of lungs, two hundred and fifty thousand fires, crowded upon an area three to four miles square, consume an enormous amount of oxygen, which is replaced with difficulty, because the method of building cities in itself impedes ventilation. The carbonic acid gas, engendered by respiration and fire, remains in the streets by reason of its specific gravity, and the chief air current passes over the roofs of the city. The lungs of the inhabitants fail to receive the due supply of oxygen, and the consequence is mental and physical lassitude and low vitality. For this reason, the dwellers in cities are far less exposed to acute, and especially to inflammatory, affections than rural populations, who live in a free, normal atmosphere; but they suffer the more from chronic affections. And if life in large cities is, in itself, injurious to health, how great must be the harmful influence of an abnormal atmosphere in the working-people's quarters, where, as we have seen, everything combines to poison the air. In the country, it may, perhaps, be comparatively innoxious to keep a dung-heap adjoining one's dwelling, because the air has free ingress from all sides; but in the midst of a large town, among closely built lanes and courts that shut out all movement of the atmosphere, the case is different. All putrefying vegetable and animal substances give off gases decidedly injurious to health, and if these gases have no free way of escape, they inevitably poison the atmosphere. The filth and stagnant pools of the working-people's quarters in the great cities have, therefore, the worst effect upon the public health, because they produce precisely those gases which engender disease; so, too, the exhalations from contaminated streams. But this is by no means all. The manner in which the great multitude of the poor is treated by society today is

revolting. They are drawn into the large cities where they breathe a poorer atmosphere than in the country; they are relegated to districts which, by reason of the method of construction, are worse ventilated than any others; they are deprived of all means of cleanliness, of water itself, since pipes are laid only when paid for, and the rivers so polluted that they are useless for such purposes; they are obliged to throw all offal and garbage, all dirty water, often all disgusting drainage and excrement into the streets, being without other means of disposing of them; they are thus compelled to infect the region of their own dwellings. Nor is this enough. All conceivable evils are heaped upon the heads of the poor. If the population of great cities is too dense in general, it is they in particular who are packed into the least space. As though the vitiated atmosphere of the streets were not enough, they are penned in dozens into single rooms, so that the air which they breathe at night is enough in itself to stifle them. They are given damp dwellings, cellar dens that are not waterproof from below or garrets that leak from above. Their houses are so built that the clammy air cannot escape. They are supplied bad, tattered, or rotten clothing, adulterated and indigestible food."
http://www.gutenberg.org/files/17306/17306-h/17306-h.htm

Disease promoting conditions were not limited to the working classes in Europe. U.S cities suffered from the same scenario. This is from an article by Ted Brackemyre titled, **19th Century Immigrants, Cities, and Disease - Immigration and Health Concerns in Late Nineteenth Century America**.
http://ushistoryscene.com/article/immigrants-cities-disease/

**This is another very descriptive and graphic explanation of why infectious disease was so rampant at that time**

This is the section titled: **Urban Disease and New York City**

"Large waves of immigration in the nineteenth century, made New York City America's largest and most diverse city, but also its most unhealthy, as the large spike in population made it more susceptible to disease. Compared to other large urban areas, such as Boston or Philadelphia, New York's death rate due to disease was considerably higher. It was not until the middle of the century that New Yorkers realized that their poor living conditions might be the cause of the city's poor health. By the 1840's high rates of disease were ascribed to the housing many of New York's poverty-stricken immigrants lived in. Fear spread that while disease was rooted in the polluted living conditions of New York's poorer communities, disease could easily spread to the more well off citizens too. Public health officials realized that the city's soiled streets and polluted sewers were a health risk to all New Yorkers. In the mid-nineteenth century, New York possessed a primitive sewage system. Poorly planned sewers spanned the city, but most citizens' homes did not connect to these pipes. Instead, most New Yorkers relied on outdoor outhouses and privies. These outhouses were usually poorly maintained and covered in filth. Poorer families did not even have the luxury of an outhouse. They simply dug a small trench into the ground outside of their homes. Trenches and outhouses were both unsavory solutions as waste was rarely removed from them and frequently flowed into the streets of the city."

"Because of the high levels of unmanaged waste, epidemics of infectious diseases were commonplace in New York. The city battled outbreaks of smallpox, typhoid, malaria, yellow fever, cholera, and tuberculosis. In 1849, a rash of cholera struck the city, killing more than five thousand people. A wave of typhoid in the mid-1860's resulted in a similar amount of deaths. Port cities and transportation hubs, like New York, were especially prone to outbursts of infectious diseases because of the high volume of travelers that passed through the city. Cholera, for instance, was never a problem in New York until the overseas shipment of goods and persons between Asia and New York drastically increased in the mid-nineteenth century."

This very extreme example of how poverty, unsanitary living conditions and poor nutrition breeds conditions ripe for infectious disease and leads to much higher rates of complications and death, can be seen in a less dramatic example from less than 50 years ago. A study that looked at measles complications and deaths between the years of 1971-1975 found that the death rate from measles was significantly higher in low income families than higher income families. Standard of living was a definite factor. This is that study.

## Historically, lower income families have higher death rates from measles

The study titled, **Measles Mortality in the United States 1971-1975** and published by the ***American Journal of Public Health*** in 1980, found some very insightful correlations between poverty and higher rates of fatalities from measles. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1619577/

**From the article:**
"**There was an inverse correlation between median annual family income of a county and measles death rates of a county, with measles death rates being nearly 10 times higher in counties where median family income was less than $5,000 than in counties where median family income was over $10,000**….. This report reviews death certificate information recorded by the National Center for Health Statistics (NCHS) for the period 1971-75."

**The numbers cited related to death rates in the different economic sectors are as follows:**

- Family incomes less than or equal to $5,000/year, 1 death in 237,467 cases
- Family incomes between $5,000 and $10,000/year, 1 death in 1, 009, 437 cases
- Family income over $10,000/year, 1 death in 2,190,837 cases

The study also cited **a previous study** published in the ***American Journal of Epidemiology*** by Barkin titled, **Measles mortality: a retrospective look at the vaccine era** that found similar results. "Barkin studied death certificate data for measles mortality for a prevaccine period (1958-1963) and during the vaccine era (1965-1970). Highest measles mortality rates were for children 6-11 months of age in areas with fewer than 10,000 people, **and in counties where more than 60 per cent of the population had incomes below poverty level**."

In addition, Barkin found that **"the death-to-case ratio was highest for children who developed measles when less than 1 year of age, lowest in children ages 8-15 years, and rose again in persons over 25 years of age"**. https://www.ncbi.nlm.nih.gov/pubmed/?term=1180255

These findings confirm that contracting the wild measles virus between the ages of 4 and 15, is when a child has the most resilience to fight the virus and the rates of complications are lower. This is what happened when we had true herd immunity from would measles. Now, in the post-vaccine era we have seen those persons that have life-long immunity from wild measles infection gradually aging and a vaccinated population getting older with time and as they do their measles antibody titers are dropping. Now, we have seen in the outbreaks in recent years that the demographics have changed, with the

majority of cases occurring in children under 1 year of age and in adults, two populations where measles infections have a greater rate of serious complications. With the waning of vaccine immunity now leaving adults vulnerable and vaccinated mothers having lower antibody levels to pass on to their newborns than in the pre-vaccine era leaving them more vulnerable, these populations are now exposed to greater risk than ever before.

**With the death rates from measles just prior to the pre-vaccine era being approximately 1 in 10,000 cases overall and the majority of deaths in areas of poverty, malnutrition and less than sanitary living conditions, one has to wonder what the death rate was if excluding all of those low-income case fatalities. Since this study found the death rate 10 times higher in the lowest-income communities (poverty), I would propose that the death rate in persons that had optimal living conditions, good nutrition, good personal hygiene, clean water, sanitation and access to medical care if necessary, may have been somewhere near 1 in 100,000 cases. Let's look at the logic behind that. In the years just prior to the release of the vaccine in 1963, the death rates were about 400 per year. If 90% of those, or 360 deaths were due to the living conditions impoverished children existed in, that would mean only about 40 deaths were in children that had higher living standards and better access to medical care. That is a death rate of 1 in 100,000 cases. How would that translate to modern day America? My guess would be and it's only a guess, but I would expect that the death rate if measles cases were to return to pre-vaccine levels, would be somewhere in the neighborhood of 1 in 200,000 cases. I am speculating but let me explain my rationale. One of the reasons I am confident of that is that the vast majority of American children today have excellent living conditions comparatively and have access to vitamin A and other immune boosting supplementation, access to medical care if necessary and so many more advantages than in the last century, especially the first half of the twentieth century. I know that many reading this will say, that one death is too many and I agree. The truth is however, that the MMR vaccine caries significant risks of injury and death also. We will look at that next, but first how would the statistics on morbidity and mortality from the measles in 2019 modern day prosperous America compare to rates of adverse consequences of the ever-increasing mass immunization programs? Let's first look at that and then I will get back to making my case for the other reasons why I believe the measles death and morbidity rates would be so low today.**

## Consider casualty statistics from the MMR Vaccine in comparison

Consider the fallout from the MMR Vaccine in comparison to what complications and deaths may be from the measles in modern western societies. According to an excellent article published on the ***National Vaccine Information Center's*** web site titled, **Can Measles Vaccine Cause Injury & Death?** "**As of November 30, 2018, there have been more than 93,179 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS)**, **including 459 related deaths**, **6,936 hospitalizations, and 1,748 related disabilities**. Over 50% of those adverse events occurred in children three years old and under. However, the numbers of vaccine-related injuries and deaths reported to VAERS may not reflect the **true** number of serious health problems that occur develop after MMR vaccination." https://www.nvic.org/vaccines-and-diseases/measles/measles-vaccine-injury-death.aspx

**The real numbers are DEFINITELY much higher than these. The reason is, as reported in several places in this document, CDC sponsored research shows that less than 1% of adverse reactions ever get reported to VAERS. The other reason that those statistics don't tell the whole story is, that as has been reported in dozens of studies contained in this document, there is an overwhelming amount of evidence that the MMR Vaccine is connected with autoimmune diseases, neurodevelopmental delays and disabilities including brain damage and autism, learning and behavioral problems and more. Remember that VAERS data will never reflect all of those conditions in which significant delays occur from dates the vaccines were administered and the onset of symptoms from latent disease processes.**

I would also invite you to go to the article and look and the long laundry lists of serious adverse reactions that have occurred in the post marketing surveillance phase, of both the ProQuad (MMR-V) and the MMRII, as reported my Merck in their product inserts. You can easily find them online.

## Other reasons that modern day American measles morbidity and mortality stats should not be compared to 60 years or more ago as is often done

I would like to follow-up on that last article about the death rates from Measles being 10 times higher in persons living near or below the poverty level (therefore SIGNIFICANTLY lower in higher income families). To support my theory that the death rates today would be incredibly low, even if we went back to allowing all children to get the measles (as radical as that will sound to many), my assertion is based on several things including, all of those cited above pertaining to standard of living, modern public health advancements, hygienic awareness, better quality nutrition and nutritional supplementation, medical advances in caring for cases of infectious disease, etc., etc. But in addition, according to U.S. Census data, the percentage of people living near or below the poverty rate in 1959, was double what it was in 2017.
https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-people.html
(*See tables 6 & 13)

So, with the number of families and children having been elevated to a higher standard of living, better able to afford nutritious food and even nutritional supplements, enjoying cleaner living conditions, access to better medical and social services, and access to better knowledge of health principles, it only makes sense that the morbidity and mortality rates would plummet. When it comes to the advancements in quality of living, the easy access to all the resources that can promote better health, wouldn't you agree that we are the polar opposite of what nations whose people live in abject poverty experience? Yet, big pharma wants all of us to believe that if everyone doesn't take all the vaccines they can muster, we are in danger of sliding back to the dark ages where millions of people's lives are ravaged by infections and hanging on by an extremely fine and frayed thread.

**Why is all this important? Because I am shining a bright light on the lies that we are being told and the fear mongering that permeates our media, in order to push a vaccinate everyone agenda in order to make the drug companies and all of their surrogates wealthier. When the media tells us that measles is fatal in 1 out of every 1,000 cases, it simply is not even close to the truth! It is pure deception to**

**push an agenda. You will see exactly what I mean when I cover the section titled, Measles hysteria, another example of irrational fear mongering later in this document.**

## So, what is the best way to resist becoming infected and if you do, to get over it quickly?

## A healthy immune supporting diet helps the "terrain" resist infection

Diet is a primary determining factor in the competency and effectiveness of our immune system. Remember the germ vs. terrain debate? A person's diet just may be the greatest influence over keeping the terrain healthy and resistant to pathogens. Remember the discussion about the reason for the outbreaks of infectious diseases in overcrowded and filthy cities, without proper sanitation and waste disposal in the late 1800s and early 1900s? Think about what would happen in a modern-day city, in which the garbage collectors have gone on strike for a several months. As the garbage piles up, flies and rats proliferate. As the garbage rots, opportunistic "organisms" (the flies and rats) breed and multiply. A question I have for you is, did the flies and rats cause the rotting garbage? Or are the flies and rats and consequence of the rotting garbage? It's obvious right? Without the right conditions, flies and rats remain controlled. In the same way, bacteria, viruses and other opportunistic microorganisms didn't make the terrain ripe for their habitation. In the majority of cases, the person "invited" them in. An unhealthy diet, lifestyle, environment, habits and mental mindset all play THE most important roles as to who gets sick and who doesn't. And some people have genetic predispositions that make them more vulnerable, even if they do all the other things right. BUT, if they do all of the other things right, they will drastically lower their risk of contracting an infectious disease.

In the same way, harmful micro-organisms can gain a foothold in tissue that is congested or decayed. Some examples are people with diabetic ulcers, sinus congestion or sluggish bowel function. All of those environments are ripe for invasion of opportunistic pathogens. The decaying flesh, the thick mucus in the sinus and the rotting undigested food in the colon attract these harmful germs.

In the case of all of those examples, diet can play a huge role, for better or worse. In the case of Type 2 diabetes, diet and exercise are the two most important lifestyle factors in that order. Shifting one's diet to lower sugar/glycemic foods and increasing healthy fats and medium chain triglycerides to supply energy demands without spiking insulin, are just a couple dietary tips that can be very effective. For sinus congestion, eliminating mucous forming, allergenic, deep fried and high sugar/glycemic foods will go a long way to change the environment. In the case of sluggish intestinal motility and poor digestion, eating a diet higher in raw foods with lots of fiber and fermented foods, staying well hydrated, reducing dairy, cheese, fried and processed foods and emphasizing smaller portions of meat and increasing portions of greens and fresh vegetables will help tremendously.

The point I would like to emphasize, is that if parents would feed their children a healthy diet consisting of very limited sugar, dairy, processed foods and fried foods which are all immune suppressing and mucous generating, they would have much higher resistance against the "flies and rats" looking for a place to take up residence.

## The REAL reason for the drop of infectious diseases long before the introduction of vaccines

**Remember the article I shared a few pages ago from Suzanne Humphries and Roman Bystrianyk, about the dramatic drop in infectious disease long before vaccines were introduced?**

If you go back and revisit the graphs from their article showing this steep decline of infectious disease, you will see that drop beginning to occur in the late 19th century and early part of the 20th century. This is exactly the timeframe in which sewer systems, garbage disposal, improved sanitation practices, refrigeration and improved working conditions and nutrition all made its way into society.

**Is there any doubt as to why disease was so rampant prior to these improvements? And where do we still see these conditions today?**

Unfortunately, these conditions still exist in some of the most impoverished countries of the world. Interestingly however, as charitable organizations improve food supply and the quality and quantity of freshwater, the rates of infectious disease go down proportionally. My purpose for pointing that out is that it supports the argument I made previously about the improvements in sanitation, waste disposal (sewer systems), food availability, access to improved nutrition, advances in food preservation (ice boxes and eventually refrigerators/freezers), better transportation methods and commerce, and progress with personal hygiene all preceded the introduction of vaccines. All of these improvements correlated directly to the significant decline of infectious diseases as demonstrated earlier in this article which preceded the introduction of immunization.

## The CDC's website affirms the role of sanitation and hygiene in the reduction of infectious disease

The CDC's weekly report ***MMWR Weekly*** July 30th, 1999 ran an article titled, **Achievements in Public Health, 1900-1999: Control of Infectious Diseases** in which acknowledgement of public health initiatives and the subsequent reduction of infectious diseases was discussed.
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4829a1.htm

**From the article:**
**Sanitation and Hygiene**
"The 19th century shift in population from country to city that accompanied industrialization and immigration led to overcrowding in poor housing served by inadequate or nonexistent public water supplies and waste-disposal systems. **These conditions resulted in repeated outbreaks of cholera, dysentery, TB, typhoid fever, influenza, yellow fever, and malaria**."

"**By 1900, however, the incidence of many of these diseases had begun to decline because of public health improvements, implementation of which continued into the 20th century**. Local, state, and federal efforts to improve sanitation and hygiene reinforced the concept of collective "public health" action (e.g., to prevent infection by providing clean drinking water). By 1900, 40 of the 45 states had established health departments. The first county health departments were established in 1908. **From the 1930s through the 1950s, state and local health departments made substantial progress in disease prevention activities, including sewage disposal, water treatment, food safety, organized solid waste disposal, and public education about hygienic practices (e.g., food handling and handwashing). Chlorination and other treatments of drinking water began in the early 1900s and became widespread public health practices, further decreasing the incidence of waterborne diseases. The incidence of TB also declined as improvements in housing reduced crowding and TB-control programs were initiated**. In 1900, 194 of every 100,000 U.S. residents died from TB; most were residents of urban areas. In 1940 (before the introduction of antibiotic therapy), TB remained a leading cause of death, but the crude death rate had decreased to 46 per 100,000 persons."

# Another key factor in the elimination of infectious disease

## An amazing short video portraying the huge changes and disparity in prosperity and health of 200 countries in 200 years

Dr. Rosling teaches global health and has created an incredible visual demonstration of the global changes in wealth and longevity. In this amazing short video clip, he demonstrates the dramatic way in which affluence and longevity have increased throughout the developed world over the last 200 years. As you are watching this, take note at where the various countries are by the 1960s when many of the vaccines were produced for diseases like polio, measles and mumps. And then later compare what you see in this video with the discussion we just heard about the real reason for the decline of infectious disease here and around the world. Also, note where the countries that still have much higher rates of infectious diseases. You will see that those countries are the underdeveloped nations in which sanitation, nutrition, living conditions, access to clean healthy water, and proper hygiene are all sorely lacking.

**BBC (British Broadcasting Corporation's), Hans Rosling's 200 countries, 200 years, 4 minutes-**

Hans Rosling's famous lectures combine enormous quantities of public data with a sport's commentator's style to reveal the story of the world's past, present and future development. Now he explores stats in a way he has never done before - using augmented reality animation.

In this spectacular section of 'The Joy of Stats' he tells the story of the world in 200 countries over 200 years using 120,000 numbers - in just four minutes.

https://www.youtube.com/watch?v=Z8t4k0Q8e8Y **Release date:** 30 November 2010

## A major disconnect with our vaccine policy, is that governments are treating infectious disease in the west like we are still third world countries

**When overwhelming evidence and real-third-world communities serving as "laboratories" are proving that improvements in living conditions reduce infectious disease and deaths from those diseases, why are we still insisting on vaccinating our entire population for everything? We live in the most prosperous nation in the history of the world, with access to the best nutrition, sanitation, waste disposal, hygienic products and medical care. We have every advantage that people in third-world countries would love to have. Given the explanation I have just presented, regarding the eclipse of infectious disease as a result of all the advancements of the 20th century and BEFORE the advent of vaccines, isn't it odd that we are still told that vaccines are our savior and we can't live without them? And with nearly 300 more vaccines in the pipeline, I think by now we know the reason for that. It's all about the money. Not convinced of that yet? Keep reading this eBook and I will bet by the end of it, you will change your mind.**

# Is it the germ or the terrain? The Great Debate is the foundation of the points I just made

## A historical debate helps this all make sense- Pasteur vs. Bechamp

Lewis Pasteur is a name that many people have heard of. In the early 20th century he coined the term "germ theory". The germ theory gives credence to the belief that germs cause disease. That theory led to the development of antibiotics by Alexander Fleming who created penicillin. The fact that we have antibiotics is not a bad thing, it's a good thing when used appropriately. That isn't the crux of my argument. The crux of my argument is the principal of how infectious disease develops in the first place.

Antoine Bechamp, a French biologist and researcher believed that disease was caused by opportunistic organisms (germs), that were able to take advantage of an unhealthy environment or terrain. He called it the "Host Theory". His argument was that a healthy human body, well-nourished, well rested, with a strong immune response and living in sanitary conditions would not make a good host for germs. On the other hand, a human body that was malnourished, stressed and living in unsanitary conditions, drinking dirty water with a weakened immune response would be ripe for invasion by these microorganisms. Think of it this way, he believed that germs no more caused disease than rats cause garbage. Let me

explain. In the overcrowded inner cities that I just discussed, there was no garbage service to pick up the trash. Often, garbage would line the streets alongside buildings and in alleyways. As a result, rats would take advantage of the availability of an easy meal. Therefore, the rats proliferated. Did the rats cause the garbage, or did the garbage create the environment for rats to proliferate? In the same way, germs don't cause disease without a host that is compromised, permitting those germs to move in and set up shop. This is exactly why impoverished conditions allow for disease to flourish. Bechamp's premise was that it is all about the terrain.

So, the bottom line is, would it be better to fight disease with expensive drugs (which by the way in the case of antibiotics cause antibiotic resistance and a whole host of other immune problems and in the case of vaccines, cause irreparable harm to certain vulnerable individuals), or would it be better to provide better nutrition, clean water, better hygiene and create sanitary conditions? Which solution addresses the cause of the problem? And which solution merely addresses the symptoms of an underlying problem?

I propose that Pasteur's argument became more appealing because it was sexier to develop something that could fight bacteria, (not to mention it was immensely profitable), rather than supporting public infrastructure and improving public education about the importance of a healthy diet, clean water, proper hygiene and wise lifestyle choices. Truth be told, the whole vaccine philosophy is built on The Germ Theory, which is a failing paradigm. In fact, exposure to bacteria, viruses and other microorganisms build our immune system and make it stronger and more capable of defending us against more virulent strains.

## Parents need to take responsibility for their children's immune competency

An obvious issue with Bechamp's approach would be that it would require a change in dietary and lifestyle habits by people and families. This requires discipline. Unfortunately, human nature is to take the shortcut approach, the easy or convenient path of least resistance. People who are disciplined about making a commitment to their health are far and few between. In other words, most people don't (or won't), address an issue until it becomes a problem, or a problem until it become an intolerable problem. Part of the challenge is education. Some parents are willing to become educated, some aren't. Another part of the challenge is laziness. It's much easier for a parent to pour their kids a bowl of Lucky Charms and a glass of orange juice, than it is to make them a nutritious breakfast. In doing so, some parents don't know what they're doing is compromising their child's health and immune competence. Yet, some know but are too lazy to make the changes needed for their child's benefit. If you are a parent that is willing to learn and make those simple changes, but don't know what to do, I would like to visit my website at www.wellnessdoc.com . I have designed wellnessdoc to be a reliable and scientifically valid resource for people who desire to learn more about a natural approach to better health.

So here we are, right back to the vaccine debate. Is it easier to take a "magic" shot, or to live in such a purposeful and intentional way that would reduce yours and your children's chance of contracting a disease? Or, if they did contract one of the "dreaded" childhood diseases, and their immune system

responded as designed, allowing their body to fight it off effectively and thereby receiving lifelong immunity, wouldn't that be awesome? Isn't that the way it's supposed to work? After all, it's all about the terrain!

## New research sheds light on how viruses interact with our cells and how they often benefit us

Fascinating new research shedding light on the makeup of viruses and the way they interact with us has been published widely over the last few years. This article on GreenMedInfo's website does a very nice job of summarizing some very nerdy/geeky science technojargon, into regular human-speak. Well, honestly it is still a little challenging, but if you like this kind of thing like me you will probably love it. http://www.greenmedinfo.com/blog/why-only-thing-influenza-may-kill-germ-theory

**Here is a summary of what the article and others from GreenMedInfo have reported:**
*"Groundbreaking research indicates that most of what we believed about the purportedly deadly properties of viruses like influenza is based on nothing more than institutionalized superstition and myth*
Germ theory is an immensely powerful force on this planet, affecting everyday interactions from a handshake, all the way up the ladder to national vaccination agendas and global eradication campaigns. But what if fundamental research on what exactly these 'pathogens' are, how they infect us, has not yet even been performed? What if much of what is assumed and believed about the danger of microbes, particularly viruses, has completely been undermined in light of radical new discoveries in microbiology?"

"Some of our readers already know that in my previous writings I discuss why the "germs as our enemies" concept has been decimated by the relatively recent discovery of the microbiome. For in depth background on this topic, read my previous article, "How The Microbiome Destroyed the Ego, Vaccine Policy, and Patriarchy." You can also read Profound Implications of the Virome for Human Health and Autoimmunity, to get a better understanding of how viruses are actually beneficial to health."

## Assumption #3- Vaccines are proven to be effective. Without them there would be countless deaths annually in the United States. Really?

# Misinformation and marketing- A prevalent tandem in the vaccine world

### Marketing drives the misinformation campaigns

According to an article published in the ***British Medical Journal*** (BMJ) *BMJ* 2013; 346:f3037 doi: 10.1136/bmj.f3037 (Published 16 May 2013), by Peter Doshi, Johns Hopkins University School of Medicine titled **Influenza: marketing vaccine by marketing disease.**
https://www.ncbi.nlm.nih.gov/pubmed/23682040

**Here are some quotes from the article:**

"**Closer examination of influenza vaccine policies shows that although proponents employ the rhetoric of science, the studies underlying the policy are often of low quality, and do not substantiate officials' claims. The vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated**."

"Yet for most people, and possibly most doctors, officials need only claim that vaccines save lives, and it is assumed there must be solid research behind it. **But for those that bother to read the CDC's national guidelines, a 68-page document of 33,360 words and 552 references–one finds that the evidence cited is these observational studies that the agency itself acknowledges may be undermined by bias**. The guidelines state:" . . . **studies demonstrating large reductions in hospitalizations and deaths among the vaccinated elderly have been conducted using medical record databases and have not measured reductions in laboratory-confirmed influenza illness**. These studies have been challenged because of concerns that they have not controlled adequately for differences in the propensity for healthier persons to be more likely than less healthy persons to receive vaccination."

"Theoretically, a randomized trial might shine some light—or even settle the matter. **But there has only been one randomized trial of influenza vaccines in older people—conducted two decades ago**—**and it showed no mortality benefit** (the trial was not powered to detect decreases in mortality or any complications of influenza). This means that influenza vaccines are approved for use in older people despite any clinical trials demonstrating a reduction in serious outcomes. Approval is instead tied to a demonstrated ability of the vaccine to induce antibody production, without any evidence that those antibodies translate into reductions in illness."

"…**recorded deaths from influenza declined sharply over the middle of the 20th century, at least in the United States, all before the great expansion of vaccination campaigns in the 2000s**, and despite three so-called "pandemics" (1957, 1968, 2009) (fig 1). But perhaps the cleverest aspect of the influenza marketing strategy surrounds the claim that "flu" and "influenza" are the same. The distinction seems subtle, and purely semantic. But general lack of awareness of the difference might be the primary reason few people realize that even the ideal influenza vaccine, matched perfectly to circulating strains of wild influenza and capable of stopping all influenza viruses, can only deal with a small part of the "flu" problem because **most "flu" appears to have nothing to do with influenza**. Every year, hundreds of thousands of respiratory specimens are tested across the US. **Of those tested, on average 16% are found to be influenza positive**. **All influenza is "flu," but only one in six "flus" might be influenza. It's no wonder so many people feel that "flu shots" don't work: for most flus, they can't.**"
"**Drug companies have long known that to sell some products, you would have to first sell people on the disease."**

# COMMON MYTHS BEING PERPETUATED

## Herd Immunity- Are unvaccinated individuals really putting "the herd" at risk?

### The misused "buzz-phrase" Herd Immunity of the pro-vaccine lobby is a false narrative

#### The term "herd immunity" used by the media and pharma talking heads is a fake talking point, used to make the conversation sound intellectual to the general public

The definition from ***Vaccines Today***…

'Herd immunity is a form of immunity that occurs when the vaccination of a significant portion of a population (or herd) provides a measure of protection for individuals who have not developed immunity.' https://www.vaccinestoday.eu/stories/what-is-herd-immunity/

So, remember, the HIT or herd immunity threshold is the **hypothetical** percentage of the population that must be immune to the disease in order to keep it from spreading to others. **Since the CDC's statistics you are about to see in 4-5 pages, show that the percentage of the population that are vaccinated are typically less than half (and often far less than half), of what conveys the herd immunity threshold, there is no herd immunity to blame non-vaccinated individuals for "ruining".**

### Achieving herd immunity not possible since no vaccine works in every individual

An article published in 2011 in the ***Journal of Clinical and Infectious diseases*** titled, **"Herd Immunity": A Rough Guide** describes some of the complications that can occur within the vaccination herd immunity concept. https://academic.oup.com/cid/article/52/7/911/299077

**From the article:**
**Imperfect Immunity**
"**If vaccination does not confer solid immunity against infection to all recipients, the threshold level of vaccination required to protect a population increases." *(Since no vaccine confers solid immunity to all***

***recipients, this creates a major challenge)….*** **We can see from this that if *E* is <(1− 1/$R_0$) it would be impossible to eliminate an infection even by vaccinating the whole population. Similarly, waning vaccine-induced immunity demands higher levels of coverage or regular booster vaccination.** Important among illustrations of this principle are the shifts to multiple doses (up to 20) and to monovalent vaccines in the effort to eliminate polio in India, where the standard trivalent oral polio vaccines and regimens produce low levels of protection."

## True Herd Immunity in the Pre-Vaccine Era and "Pseudo" Herd Immunity in the Post-Vaccine Era

**An excellent description over the next 3 pages, of the difference between true herd immunity as conveyed by natural infection versus pseudo-herd immunity as conveyed by vaccination is provided here. It covers the measles, mumps and chickenpox.**

"Herd Immunity is a term that is bandied around in defense of mass and mandatory vaccination. What is it and why is it important?

Let's set out a working definition of what Herd Immunity is at a functional level in the population: Herd Immunity is the presence of adequate immunity within a population against a specific infection that operates to protect those at **high risk of serious infection** and consequently, reduce morbidity and mortality from that infection.

Now let's separate out Herd Immunity, **comparing what it meant in the pre-vaccine era compared with what it means in the vaccine era**, using specific infections as examples.

## Measles: Herd Immunity in the pre-vaccine era

- When measles first enters a population that has not been exposed to measles before, Herd Immunity is zero and there is, initially, a very high morbidity (illness) and mortality.
- This occurs in large part as a consequence of **high dose exposure.**
- **High dose exposure** occurs because, in the absence of viral immunity, viral replication is unimpeded in the multiple susceptible human reservoirs in which it thrives. High doses of measles virus are transmitted from one person to the next. Added to this, socioeconomic circumstances contribute to high dose exposure. This includes high population density (easy transmission) and poor antiviral defenses (e.g. low vitamins A, D, and C). An example is the ravage of measles in Confederate soldiers amassed in barracks and hospitals in the American Civil War.
- Over time, as measles becomes endemic (constantly circulating) in a population with typical 2-yearly epidemics, Herd Immunity increases rapidly. Natural exposure leads to long term immunity. Immunity limits viral transmission and opportunities for viral replication. Concomitantly, developed countries have experienced an improvement in nutritional status and

consequently antiviral immunity. Dose of exposure falls and a dramatic reduction in morbidity and mortality is observed.

- **As a consequence of natural Herd Immunity, in the developed world measles mortality had fallen by 99.4% before measles vaccines were introduced**. A fall in morbidity will have paralleled the fall in mortality (mortality is the extreme of morbidity).
- **See a graph showing the measles deaths from 1900-1995 here >** http://www.whale.to/m/measlesdeaths1.html (and scroll down). **The graph shows that measles deaths had reduced 99.4% before the measles vaccine was introduced.**

Let us look at an example of how natural Herd Immunity operated to provide **age-appropriate immunity**.

- Infants less than one year of age have a limited ability to generate adequate immunity and are susceptible to serious measles infection.
- **In the pre-vaccine era mothers conferred good passive immunity on their infants by transplacental and breast milk transfer**.
- This **passive immunity** protected infants through a period of vulnerability until they were better able to cope with measles through the generation of their own active immunity.

## Measles: Herd Immunity in the vaccine era

Measles vaccine has destroyed natural Herd Immunity **and replaced it with a temporary and inadequate quasi Herd Immunity that necessitates a dependence on vaccination along with an increased risk of severe adverse outcomes. Here are some examples of how natural Herd Immunity has been destroyed.**

- The increasing Herd Immunity associated with natural measles and the accompanying decrease in morbidity and mortality, has been interrupted by vaccination. This makes it difficult to predict how vaccinated populations might respond to, say, a new strain of measles virus that has escaped the 'protection' conferred by measles vaccine (escape mutant). **Because that population is not immune to the escape mutant we risk high morbidity and mortality from measles once again**.
- **Vaccinated mothers do not confer adequate passive immunity upon their infants** (< 1 year of age). Infants are unable to generate an adequate immune response to measles vaccine and in the absence of passive maternal immunity, are unprotected during the first year, putting them at risk of serious measles infection.
- Unlike natural measles**, measles vaccine does not provide lasting immunity and a substantial proportion of measles cases are reported in those who have been vaccinated against measles.**
- **Boosting of immunity using repeated doses of measles vaccine is not sustained and falls off rapidly. The only answer to this diminishing return that is offered by the regulators and**

**manufacturers is to give more and more vaccines**. The vaccine is highly profitable in terms of volume of sales, precisely because it is inadequately effective.

## Mumps and Herd Immunity

**Mumps is acknowledged to be a trivial disease in children**; many do not even know they have had mumps the symptoms are so mild. **Mumps is not a trivial disease in post-pubertal males where it can cause testicular inflammation and sterility**.

**Mumps vaccine does not work**. Protection is way below the 96% claimed by Merck and mumps epidemics are occurring worldwide in highly vaccinated populations. **Merck is accused of fraudulently misrepresenting the efficacy of their mumps vaccine in order to protect their US monopoly on the MMR vaccine.** I would suggest that everyone who has suffered mumps and particularly its complications despite mumps vaccination, has a valid legal claim against Merck.

Mumps vaccine failure is associated with inadequate immunity following vaccination (primary failure) and rapidly waning immunity after vaccination (secondary failure). These factors mean that populations are at greater risk as they grow older. Since severe side effects are more common in mature males, mumps vaccine has made mumps a more dangerous disease.

**Natural Herd Immunity, that is, lifelong immunity following exposure of children to mumps in the pre-vaccine era, has been destroyed by mumps vaccination**.

## Chickenpox and Herd Immunity

**The chickenpox virus (varicella zoster) causes a mild self-limiting disease in healthy children.** The virus frequently establishes latent infection in the cell bodies of sensory nerve roots **where it has the potential to episodically reactivate and cause shingles, a very painful and debilitating condition**. Shingles can cause blindness. Historically, shingles was an uncommon disease occurring in, for example, people with immune deficiency due to cancer or immunosuppressive drug therapy.

**Reactivation of zoster is inhibited by an adequate level of immunity to this virus which, in turn, is maintained by boosting of immunity in parents and grandparents by re-exposure via children with chickenpox**. **Natural epidemics of chickenpox maintained Herd Immunity by 'wild-type boosting' (referring to the natural virus) of adults which prevented shingles in otherwise healthy individuals. This is no longer the case**.

Widespread chickenpox vaccination has removed natural Herd Immunity by preventing epidemics, eliminating 'wild-type' boosting, and allowing immunity to fall in individuals to the point **where shingles is now much more common, occurring in young, apparently healthy people**. **Vaccination has created a new epidemic to which Merck's response is, 'we've created a market; now let's make a vaccine to prevent shingles.'"** *(which of course they have)*

**Source:** http://vaxxedthemovie.com/notes-herd-immunity-andrew-wakefield/

## Now, let's take a look at the scientifically established rates for herd immunity (HIT) to be effective

This chart is available through many sources online. One link to access it is http://www.adultimmunisation.eu/communications/herd-immunity-what-is-it-and-why-does-it-matter-social-media-resources/

| **Disease** | **Herd Immunity Threshold (HIT)** |
|---|---|
| Diphtheria | 85% |
| Measles | 83-94% (93-95% source: W.H.O.) |
| Mumps | 75-86% |
| Pertussis | 92-94% |
| Polio | 80-86% |
| Rubella | 80-85% |
| Smallpox | 83-85% |

## Aren't unvaccinated individuals "free riding" off of the "herd immunity" of others?

### NO, because we are far from achieving the herd immunity threshold (HIT)

Vaccine proponents commonly criticize those who choose not to vaccinate, saying that they are getting **a "free ride off of the herd"** immunity created by those that do vaccinate. This is simply fallacious, because as the CDC even admits, the percentage of people vaccinated against the various diseases are far below what is considered true herd immunity by science. **This page on the CDC website displays the 2014 rates of the population that are vaccinated against the most common diseases vaccines are said to prevent**. https://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm

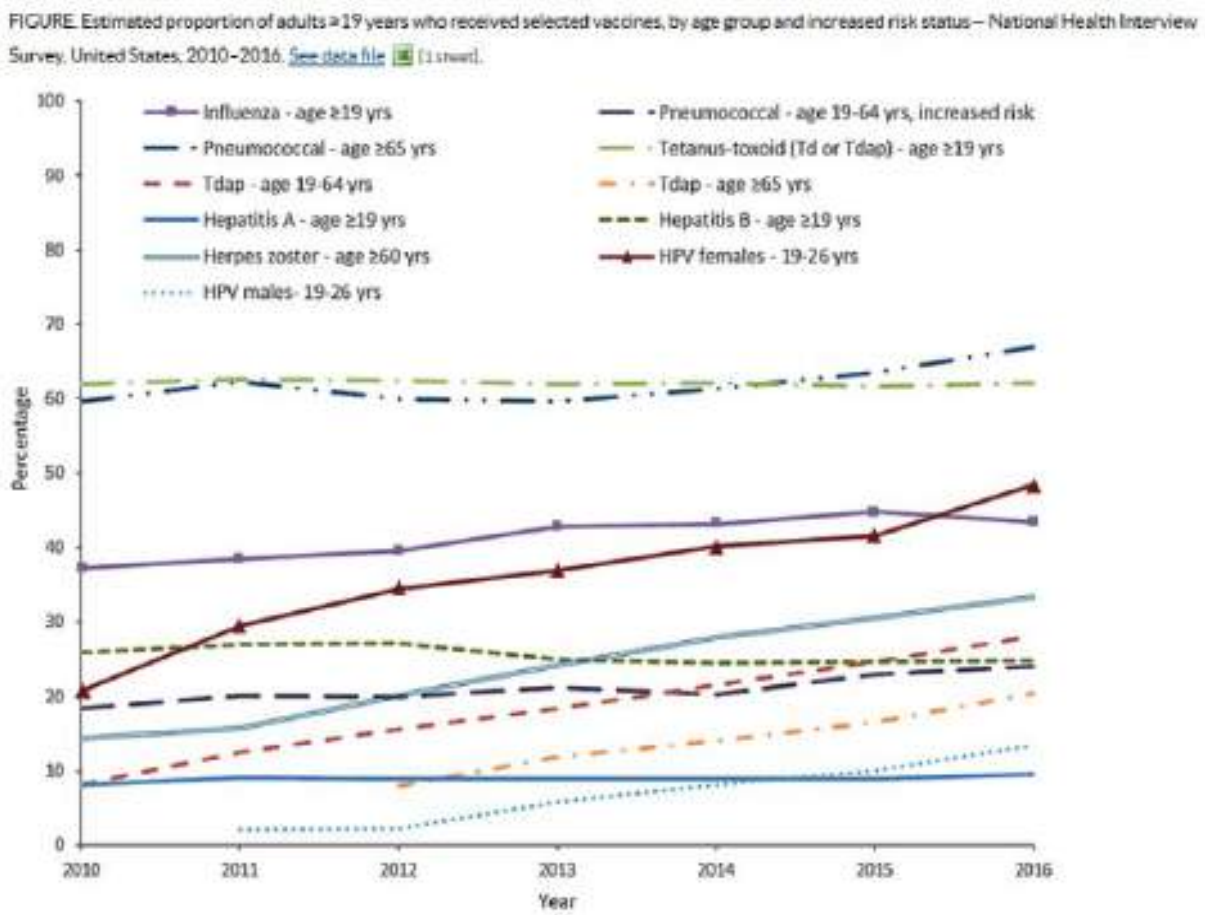
## Here are the CDC Statistics, showing how far below scientific established levels to achieve Herd Immunity we really are

**Another CDC source looking at the years 2010-2016, provides great insight into how far from "herd immunity" we really are. Here is a summary from the CDC of the more common vaccines and coverage rates of those >18 years of age:**

- Influenza vaccination, ≥19 years—range: 37.2%–44.8%.
- Pneumococcal vaccination, 19-64 years at increased risk—range: 18.5%–24.0%.
- Pneumococcal vaccination, ≥65 years—range: 59.7%–66.9%.

- Tdap vaccination, 19-64 years—range: 8.2%–28.0%.
- Tdap vaccination, ≥65 years (2012-2016)—range: 8.0%–20.4%.
- Hepatitis A vaccination, ≥19 years—range: 8.1%–9.5%.
- Hepatitis B vaccination, ≥19 years—range: 24.5%–27.1%.
- Herpes zoster vaccination, ≥60 years—range: 14.4%–33.4%.
- HPV vaccination, females 19-26 years—range: 20.7%–48.5%.
- HPV vaccination, males 19-26 years (2011-2016)—range: 2.1%–13.5%.

The CDC's website has a document titled, ***Trends in Adult Vaccination Coverage: 2010 to 2016***. That document is from the ***National Health Interview Survey*** and shows the percentages of the adult population who say they have been vaccinated against various infectious diseases.




**Source**: https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html

**And incidentally, the immunity from vaccines tends to wane or decrease over time, so in reality many of those adults included in those percentages have most certainly lost that temporary immunity, and don't really belong in that cohort of "vaccinateds" anyway**. That of course would drop those percentages even lower. **In 2-6-year-olds, the vaccine coverage rates are in the 80-90% range, but they are just a small part of the herd (maybe 5%). And, persons under 18 years of age account for less than**

**20% of the entire population. The pro-vaccine herd immunity argument may hold water if all the young children were kept in a bubble, fully sequestered from all those adults who are not vaccinated, but we know that is not the case. We all live together mingling with cross-exposure in this big herd we call humanity. So, the reality is that their argument is really a talking point with no basis in fact. It is an intentional strategy used to create fear in order to achieve their objectives of full vaccination compliance in children. In fact, when you look at the "outbreaks" we occasionally see, when a few people contract illness like the recent measles cases, often, nearly half of those infected were fully vaccinated. This reality of vaccine ineffectiveness further damages the herd percentages and their false narrative.**

Another consideration worth noting, is that I could find no government statistics showing the percentage of adults who are adequately immunized against the measles, mumps and rubella. I would suspect that is because in adults it is extremely unusual for them to maintain a regular immunization for MMR.

Comparing those CDC vaccination coverage numbers from above (ranging between 8% and 45%), compared to the herd immunity threshold required for the various diseases (ranging between 80% and 95%), clearly fall far short of the stated requirements for herd immunity.

In addition, as you can see, even though all of the common diseases mentioned in the CDC document are not represented in this table, the general consensus for reaching herd immunity is between 80-95%. **Therefore, we are not even close to achieving the magical theoretical threshold for herd immunity.**

Another compelling consideration is noted that the herd immunity threshold for smallpox is 83%-85%, yet how many people in the U.S. are, or have ever been immunized against smallpox? I have never met anyone that has ever been immunized against smallpox. I'm sure that some exist, but they are probably as rare as the disease itself. Is it possible that the disease no longer exists because of the excellent living conditions we enjoy in western civilization? (i.e. good nutrition/food supply, personal hygiene, fresh clean sterilized water, sanitation and social support)

**As a result of this false narrative being perpetuated on the public by criticizing unvaccinated individuals as "free loaders" on the herd is completely unjustified as THERE IS NO VACCINE INDUCED HERD IMMUNITY AND THERE NEVER WAS**. The closest we ever came to true herd immunity was when nearly all children acquired these childhood illnesses and developed a true and lasting, (typically lifelong) immunity.

On that subject, the discussion over the last several pages have made the case that vaccination **only confers short term partial immunity**. The reality is, that the period of time any possible immunity is conveyed is short, and **many adults who are "calculated" as vaccinated because they have been in the past, do not keep up with their booster shots, therefore are no longer protected means that the percentage figures of the population that are vaccinated are inflated.** All of that just confirms, that not only is the often referred to vaccine herd immunity nowhere near the coverage that would convey protection to the herd, **it is not true herd immunity (which can only come from natural exposure to wild strains conferring long term immunity to a large enough percentage of the population). This**

**"pseudo" and artificial immunity negatively affects older people in the herd, because they are not receiving the natural "booster" exposures from unvaccinated children in the population that contract the disease. See the next article for proof of that.**

## Immunization ACTUALLY DESTROYS natural herd immunity and leads to increased incidence of the disease in older people years later

A 2013 article published in the Journal ***Vaccine*** titled, **Can vaccine legacy explain the British pertussis resurgence?** raises questions about the efficacy of temporary vaccination immunity and how that may be playing a role in the uptick of pertussis cases despite good vaccination coverage, hello versus lifelong immunity via acquiring pertussis naturally.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3856947/pdf/nihms531993.pdf

**From the article:**
"**Our results suggest that rising pertussis incidence among adults and adolescents should not be surprising**. Indeed, our simulations, even with the conservative assumptions of lifelong natural immunity, a 70-year mean duration of vaccine immunity *(because they naturally contracted the disease and gained life-long immunity)* and 85% efficacy predicted a long- lasting honeymoon period, followed by a resurgence among older age groups. **This pattern is a legacy of incomplete vaccination with an imperfect vaccine: individuals born in the vaccine era are less likely to be infected as children *(because of being artificially immunized),* and more likely to remain susceptible as teens and adults than their pre-vaccine predecessors. Thus, during the first few decades of vaccination, the population benefits both directly from vaccine protection of children and indirectly from herd immunity established by natural infection in the pre-vaccine era. As cohorts of children born in the vaccine era grow up, the latter effect diminishes and incidence among adults inevitably rises."**

"When infection-derived immunity was lifelong, an increase in incidence among adolescents and adults was inevitable if vaccine-induced protection was not permanent."

**See the article found in the effectiveness of the Varicella (Chicken Pox) Vaccine coming up, about how the U.K. no longer includes this vaccine for these very reasons**

## Modern day post-vaccine era cases of chicken pox, measles and rubella are much worse than during the pre-vaccine era

The following information comes from a 2015 article from the British medical journal ***Lancet*** titled, **Dangers of vaccine refusal near the herd immunity threshold: a modelling study**.
https://www.ncbi.nlm.nih.gov/pubmed/?term=25981883

**From the Abstract:**

"**Our calculations show that negative outcomes are 4.5 times worse for measles, 2.2 times worse for chickenpox, and 5.8 times worse for rubella than would be expected in a pre-vaccine era in which the average age at infection would have been lower**."

**INTERPRETATION:**
As vaccination makes preventable illness rarer, for some diseases, it also increases the expected severity of each case. Because estimates of case risks rely on data for severity generated during a pre-vaccine era they underestimate negative outcomes in the modern post-vaccine epidemiological landscape. Physicians and parents should understand when making decisions about their children's health and safety that remaining unvaccinated in a predominantly vaccine-protected community exposes their children to the most severe possible outcomes for many preventable diseases.

This study demonstrates that the childhood vaccine programs have increased the risk of more severe cases to those that are "unprotected" from the vaccine. Those include not only unvaccinated individuals as this study mentions, but also cases of primary vaccine failure (those who do not produce adequate antibodies as a result), and secondary vaccine failure (all people that get vaccinated face this as time goes on and the vaccine "wanes" and antibody rates fall). We are finding that a significant number of fully vaccinated individuals are contracting measles and other diseases during outbreaks. Because we are learning that the rates of vaccine failure are much higher than ever predicted, the ability of bacteria and viruses to mutate and that continued "boosters" or revaccination does not work, we face creating a massive problem that we will have no solutions for. Read more about vaccine failure in the measles section later in this document.

## An immunologist explains why vaccination will never work like naturally acquired immunity

Tetyana Obukhanych is an immunologist and author of the 2012 book, **Vaccine Illusion- *How Vaccination Compromises our Natural Immunity and What we can do to Regain our Health*.**

**In the Introduction, Dr. Obukhanych makes the following statement:**

"The biological term *immunity* refers to a universally observed phenomenon of becoming unsusceptible to a number of infectious diseases through prior experience. Because of the phonetic similarity between the words *immunology* and *immunity*, it is tempting to assume that immunology is a science that studies the state of immunity, **but this is not the case**. **Immunology** is a science that primarily studies an **artificial process of *immunization*** - i.e., the immune system's response to injected foreign matter. Immunology **does not attempt** to study and therefore **cannot** provide understanding of natural diseases and immunity that follows them. The "knowledge" about the function of the immune system during the natural process of infection is nevertheless inferred from contrived immunologic experiments, which typically consist of injecting laboratory-grown microorganisms (live or dead) or their isolated parts into research animals to represent the state of infection. Because immunologic experiments are **unrealistic simulations of the natural process**, immunologists' understanding of nature is limited to understanding their own experimental models. Immunologists have confined the scope of their knowledge to the box

of experimental modeling, and they do not wish to see beyond that box. Thinking within the box only reinforces the notion of vaccination and cannot provide any other solution to the problem of diseases."

"Despite the fact that the biological basis of naturally acquired immunity is not understood, present day medical practices insist upon artificial manipulation of the immune response (a.k.a. immunization or vaccination) to secure "immunity" without going through the natural infection process. The vaccine-induced process, although not resembling a natural disease, is nevertheless still a process with its own risks. **And it is not life-long immunity that we gain via vaccination but only temporary immunity**. For this reason, **vaccination at its core is neither a safe nor an effective method of disease prevention**. Yet, immunologists have nothing better to offer because they can only go as far as their deeply rooted immunologic dogma allows them."

This is a short Bio about her from her web site http://www.tetyanaobukhanych.com/ :
"Born in Ukraine, Tetyana Obukhanych came to the United States to pursue her education. In 2006, she defended her Ph.D. thesis in Immunology at The Rockefeller University, New York, NY. She subsequently held postdoctoral research training appointments in prominent immunology laboratories affiliated with Harvard Medical School and Stanford University School of Medicine. In 2015, she became a Founding Director of ***Physicians for Informed Consent***, a 501(c)(3) nonprofit dedicated to safeguarding informed consent in vaccination and educating the public on infectious disease and the immune system."

## Waning immunity is problematic with vaccination, including the "holy grail" of vaccines the MMR vaccine

A 2018 article published in the journal ***Vaccine***, titled, **Measles, mumps, and rubella antibody patterns of persistence and rate of decline following the second dose of the MMR vaccine**, states that the immunity wanes annually after vaccination. https://www.ncbi.nlm.nih.gov/pubmed/29317117

**From the Abstract:**
**"One month post-MMR2**, **geometric mean titer (GMT) to measles was high** (3892 mIU/mL), **but declined on average 9.7% per year** among those with the same baseline titer and <2-fold increase post-MMR2. Subjects with ≥2-fold **experienced a slower decline (≤7.4%). GMT to rubella** was 149 **one month post-MMR2, declining 2.6% and 5.9% per year among those who received MMR1 at 12-15 months and >15 months, respectively**. **GMT to mumps one month post-MMR2 was 151, declining 9.2% per year**".
Sources vary as to the length of time that the MMR provides immunity between 10 and 20 years for measles and rubella, with the mumps much less. Considering that this study found between an approximate 6% to 10% ANNUAL decline in antibodies, that certainly doesn't support the kind of long-lasting immunity we are hearing from the CDC via the media.

# Aren't non-immunized children putting children who are immunized at risk if they come in contact with them?

**This is the main argument vaccine proponents use to try to keep unvaccinated children from attending school. It is also the main argument proponents of universal vaccination of both children and adults are professing.**

This is **another myth propagated by fear mongering**. **In fact, the science says just the opposite. Live viruses given in vaccine form undergo a process called shedding, which can go on for up to three weeks or longer. Shedding is where the virus that was given in the vaccine is "shed" in the nasal and oral secretions. This in fact puts both vaccinated and unvaccinated children at risk of infection. For a great exposé on this topic go to** http://www.nvic.org/cmstemplates/nvic/pdf/live-virus-vaccines-and-vaccine-shedding.pdf

**This article has 276 different references supporting the evidence of ineffectiveness, the increased risk to others of viral shedding and long-term complications associated with artificial immunization. These references also support the importance of the role of naturally acquired viral infections and healthy lifelong innate immunity.** Just like it has been discovered that exposure of children to dirt, dander and microorganisms at a young age help to develop a healthy, strong and balanced immune system, suppressing this natural maturing process of the immune system is ill advised.

## THE INEFFECTIVENESS AND DANGERS OF COMMON VACCINES

If you are interested in the darker side of the history of vaccines, an excellent well-referenced article written by Jagannath Chatterjee, can be found here http://www.greenmedinfo.com/blog/anti-vaccination-pro-science-pro-health-anti-industry . It was posted on April 15, 2019 on Green Med Info's web site. It chronicles the many little-known facts about the history of vaccines including failures, bias and statistical manipulation, real reasons for outbreaks of infectious diseases, and even current day vaccine scandals, disinformation and fallout. GreenMedInfo is an excellent resource for accessing studies and scientific articles on vaccines.

This section will highlight specific vaccines and present additional studies over and above the dozens of ones that you have read throughout this document that have implicated vaccines in many serious and often debilitating conditions. Many of those articles have also exposed the paucity of evidence regarding the effectiveness of vaccines and the need to continue to treat first world countries like third world countries when it comes to vaccine policy. These will add emphasis to the evidence that has been previously presented.

# The flu vaccine, with its miserable track record is a sham according to the evidence- You be the judge

Keep in mind that I have already presented a tremendous amount of negative information about the flu vaccine, especially with regard to pregnant women and children (see the section starting on page 253 through 275). All of this data to follow, simply adds emphasis to the point that the flu vaccine is a miserable failure and presents a significant risk.

It seems that every person you speak to about the flu vaccine says something like this…"The last time I got a flu shot I got the flu." Ever wonder why that is? It is because, as you will see in this section of ***1200 Studies***, getting the flu shot MAY protect you from the two or three influenza viruses they guess will be prevalent the next flu cycle, but it makes you susceptible to over 200 other viruses that produce similar symptoms.

## In 2018, the Cochrane Review released 3 reviews of published research on the flu shot's effectiveness over the last 30-40 years in children, adults and the elderly- The results show poor performance

The Cochrane Collaboration is a highly respected and acclaimed organization, that does a meta-analysis which looks at all the studies that have been published on a particular topic. They then scrutinize the results for accuracy and bias before making their determinations and report. In a few pages you will see some reports by them that looked at hundreds of studies and hundreds of thousands of people. And the results will surprise you. (**Spoiler alert**) **They found that the flu shot's effectiveness in abysmal.**

### A 2018 Cochrane Review of 41 studies on the effectiveness of the flu vaccine IN HEALTHY CHILDREN, reveals very limited efficacy

The ***Cochrane Database of Systematic Reviews*** published a review in 2018 titled, **Vaccines for preventing influenza in healthy children**, looked at **41 studies**, **encompassing over 200,000 children** aged 3-16 years, from 1984-2013. It is an update of a previous review that was published in 2011. The reviewed studies were from 4 different regions of the world including the United States and **looked at the live attenuated virus and the inactive virus vaccines compared to a placebo or no vaccine.** The results on effectiveness **were not very impressive** at all.
https://www.ncbi.nlm.nih.gov/pubmed/29388195

**From the Abstract:** *(I.L.I. stands for Influenza Like Illness)*

**"We included 41 clinical trials (> 200,000 children).** Most of the studies were conducted in children over the age of two and compared live attenuated or inactivated vaccines with placebo or no vaccine. Studies were conducted over single influenza seasons in the USA, Western Europe, Russia, and Bangladesh between 1984 and 2013."

"Compared with placebo or do nothing, **live attenuated influenza vaccines** probably reduce the risk of influenza infection in children aged 3 to 16 years from 18% to 4%.... and they may reduce ILI by a smaller degree, from 17% to 12%.... **Seven children would need to be vaccinated to prevent one case of influenza, and 20 children would need to be vaccinated to prevent one child experiencing an ILI."**
***(This represents a 14% effectiveness rate for influenza and a 5% effectiveness rate in preventing influenza like illness)***

**"Inactivated vaccines** Compared with placebo or no vaccination, inactivated vaccines reduce the risk of influenza in children aged 2 to 16 years from 30% to 11% … and they probably reduce ILI from 28% to 20%.... **Five children would need to be vaccinated to prevent one case of influenza, and 12 children would need to be vaccinated to avoid one case of ILI."**
***(This represents a 20% effectiveness rate for influenza and an 8% effectiveness rate in preventing influenza like illness)***

**"One brand of monovalent pandemic vaccine was associated with a sudden loss of muscle tone triggered by the experience of an intense emotion (cataplexy) and a sleep disorder (narcolepsy) in children**."

The rationale that getting children vaccinated saved millions of dollars in lost wages due to parents having to take off work, or children missing school is often thrown out there. So, what did the review find on those concerns?

**"There was insufficient information available to determine the effect of vaccines on school absenteeism due to very low-certainty evidence from one study. We identified no data on parental working time lost, hospitalisation, fever, or nausea**." **When 41 of the best and most reliable studies out there do not even address those issues, one has to wonder where those person's citing those concerns are getting their information from.**

## A 2018 Cochrane Review of 52 studies on the effectiveness of the flu vaccine IN HEALTHY ADULTS, shows that being vaccinated is only 1% better than not being vaccinated

The ***Cochrane Database of Systematic Reviews*** published a review in 2018 titled, **Vaccines for preventing influenza in healthy adults.** The results of looking at 52 clinical trials and over 80,000 people show a very low effectiveness of the flu vaccine. https://www.ncbi.nlm.nih.gov/pubmed/29388196

**From the Abstract:** *(I.L.I. stands for influenza Like Illness)*

"The consequences of influenza in adults are mainly time off work. Vaccination of pregnant women is recommended internationally. This is an update of a review published in 2014.

Randomised controlled trials (RCTs) or quasi-RCTs comparing influenza vaccines with placebo or no intervention in naturally occurring influenza in healthy individuals **aged 16 to 65 years**."

"We included **52 clinical trials of over 80,000 people** assessing the safety and effectiveness of influenza vaccines. **[15 included Randomized Clinical Trials were industry funded (29%)]."**

**We have presented findings from 25 studies** comparing inactivated parenteral influenza vaccine against placebo or do-nothing control groups as the most relevant to decision-making. The studies were conducted over single influenza seasons in North America, South America, and Europe between 1969 and 2009. We did not consider studies at high risk of bias to influence the results of our outcomes except for hospitalisation. Inactivated influenza vaccines probably reduce influenza in healthy adults from 2.3% without vaccination to 0.9%... and they probably reduce ILI from 21.5% to 18.1%..."

**"71 healthy adults need to be vaccinated to prevent one of them experiencing influenza, and 29 healthy adults need to be vaccinated to prevent one of them experiencing an ILI."**
***(This represents a 1.4% effectiveness rate for influenza and a 3.4% effectiveness rate in preventing influenza like illness). Those are MISERABLE statistics on effectiveness.***

**"Healthy adults who receive inactivated parenteral influenza vaccine rather than no vaccine probably experience less influenza, from just over 2% to just under 1% (moderate-certainty evidence)."**

"Vaccination may lead to a small reduction in the risk of hospitalisation in healthy adults, **from 14.7% to 14.1%."** ***(approximately one half of one percent)***

**"Vaccines may lead to little or no small reduction in days off work (-0.04…)."**

"Inactivated vaccines cause an **increase** in fever from 1.5% to 2.3%."

"**Protection against influenza and ILI in mothers and newborns was smaller** than the effects seen in other populations considered in this review. Vaccines **increase the risk of a number of adverse events**, including a small increase in fever, but rates of nausea and vomiting are uncertain."

According to the article, "**Fifteen included trials were industry funded (29%)**". This makes the findings of minimal overall benefit all the more interesting! What I mean by that is, **if nearly a third of the studies they looked at were funded by the drug industry (and you can bet they put their best numbers forward), and that didn't even skew the results in their favor, most likely the non-drug industry studies found even less or no benefit at all.**

So, one has to ask oneself, is it worth playing Russian Roulette with all the toxic ingredients from the flu vaccine in order to have any questionable benefit at all? Why not just optimize your vitamin A, C & D levels, eat healthy, get quality sleep, practice good hygiene and you could lower your risk much more than risking the flu shot.

## A 2018 Cochrane Review of 8 studies on the effectiveness of the flu vaccine ON THE ELDERLY, shows absolutely terrible results for efficacy

The ***Cochrane Database of Systematic Reviews*** published a review in 2018 titled, **Vaccines for preventing influenza in the elderly.** https://www.ncbi.nlm.nih.gov/pubmed/29388197 Once again, the success of the flu vaccines in elderly adults is very low.

**From the Abstract:** *(I.L.I. stands for Influenza Like Illness)*
"The consequences of influenza in the elderly (those age 65 years or older) are complications, hospitalisations, and death. The primary goal of influenza vaccination in the elderly is to reduce the risk of death among people who are most vulnerable. This is an update of a review published in 2010."

"We identified **eight RCTs (over 5000 participants)**, of which four assessed harms. The studies were conducted in community and residential care settings in Europe and the USA **between 1965 and 2000**."

"Older adults receiving the influenza vaccine may experience less influenza over a single season compared with placebo, **from 6% to 2.4%**... We rated the evidence as low certainty due to uncertainty over how influenza was diagnosed. Older adults probably experience less ILI compared with those who do not receive a vaccination over the course of a single influenza season **(3.5% versus 6%...)"**

**"These results indicate that 30 people would need to be vaccinated to prevent one person experiencing influenza, and 42 would need to be vaccinated to prevent one person having an ILI"** ***(This represents a 3% effectiveness rate for influenza and a 2% effectiveness rate in preventing influenza like illness). Those are MISERABLE statistics on effectiveness!***

"We are uncertain how big a difference these vaccines will make across different seasons. **Very few deaths occurred, and no data on hospitalisation were reported**. No cases of pneumonia occurred in one study that reported this outcome."

## Mainstream pediatric journal finds the flu shot INEFFECTIVE in children under five

In a 2008 study published in ***Archives of Pediatrics and Adolescent Medicine*** titled, **Influenza vaccine effectiveness among children 6 to 59 months of age during 2 influenza seasons: a case-cohort study**, researchers found that the flu vaccine did NOT demonstrate vaccine effectiveness (over two different flu seasons), in preventing the flu. https://www.ncbi.nlm.nih.gov/pubmed/?term=18838647

"**In 2 seasons with suboptimal antigenic match between vaccines and circulating strains, we could not demonstrate vaccine effectiveness in preventing influenza-related inpatient/emergency department or outpatient visits in children younger than 5 years**. Further study is needed during years with good vaccine match."

## Children that get the flu shot have 3 times the risk of subsequent hospitalization, as documented by Mayo Clinic Researchers

In a public report released by the ***American Thoracic Society*** dated May 19, 2009 titled, **Flu Vaccination May Triple Risk for Flu-Related Hospitalization in Children With Asthma**, reviewed a study performed through Mayo Clinic that looked at children over a 10 year period who did and did not receive the flu vaccine, **It was determined that children that got the flu vaccine were 3 times more likely to be hospitalized than those that were not vaccinated**.

**From the report: "**In order to determine whether the vaccine was effective in reducing the number of hospitalizations that all children, and especially the ones with asthma, faced over eight consecutive flu seasons, the researchers conducted a cohort study of 263 children who were evaluated at the Mayo Clinic in Minnesota from six months to 18 years of age, each of whom had had laboratory-confirmed influenza between 1996 to 2006. The investigators determined who had and had not received the flu vaccine, their asthma status and who did and did not require hospitalization. Records were reviewed for each subject with influenza-related illness for flu vaccination preceding the illness and hospitalization during that illness. **They found that children who had received the flu vaccine had three times the risk of hospitalization, as compared to children who had not received the vaccine. In asthmatic children, there was a significantly higher risk of hospitalization in subjects who received the Trivalent Influenza Vaccine, as compared to those who did not** (p= 0.006)."
ATS 2009: **Flu Vaccination May Triple Risk for Flu-Related Hospitalization in Children With Asthma** - *Medscape* - May 25, 2009. https://www.medscape.com/viewarticle/703235

## A 2017 study finds very poor effectiveness of the 2014-2015 flu vaccine

A 2017 study in the Journal of ***Clinical Infectious Diseases*** titled, **The Household Influenza Vaccine Effectiveness Study: Lack of Antibody Response and Protection Following Receipt of 2014-2015 Influenza Vaccine**, found that the protection from the 2014-2015 flu vaccine was extremely poor. They followed 1,341 people older than age 13 from 340 households. The background for the article even cited a study that found that persons that were vaccinated against the flu for 3 years in a row had a greater chance of contracting the flu. "At least one study paradoxically observed increased A(H3N2) infection among those vaccinated 3 consecutive years." https://www.ncbi.nlm.nih.gov/pubmed/?term=29020179

**From the Abstract: (**VE stands for Vaccine Effectiveness)
"Influenza A(H3N2) was identified in 166 (12%) individuals and B(Yamagata) in 34 (2%). **VE against A(H3N2) was -3%**... **and similarly ineffective between age groups**; increased risk of infection was not observed among those vaccinated in 2 or 3 previous years. **VE against influenza B(Yamagata) was 57%**... **but only significantly protective in children <9 years**.... **Less than 20%** of older children and adults had ≥4-fold antibody titer rise against influenza A(H3N2) and B antigens following vaccination; **responses were surprisingly similar for antigens included in the vaccine and those similar to circulating viruses**.

**Antibody against A/Hong Kong/4801/14, similar to circulating 2014-2015 A(H3N2) viruses and included in the 2016-2017 vaccine, did not significantly predict protection**."

**From the Conclusion:**
"**Absence of VE against A(H3N2) was consistent with circulation of antigenically drifted viruses; however, generally limited antibody response following vaccination is concerning even in the context of antigenic mismatch."**

## A revealing warning about widespread bias and manipulation of conclusions in vaccine research, by one of the world's most respected research review

As an example of bias often seen with industry funded research, the Cochrane Collaboration Review in 2010 published a report titled, **Vaccines for preventing influenza in healthy adults (Review)**, which gave the following warning at the beginning of their paper.
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001269.pub4/epdf

**WARNING:**
"This review includes **15 out of 36 trials funded by industry** (four had no funding declaration). An earlier systematic **review of 274 influenza vaccine studies** published up to 2007 **found industry funded studies were published in more prestigious journals and cited more than other studies** independently from methodological quality and size. **Studies funded from public sources were significantly less likely to report conclusions favorable to the vaccines**. The review showed that **reliable evidence on influenza vaccines is thin** but **there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies**. The content and conclusions of this review should be interpreted in light of this finding."

**More from the Review:**
"Authors of this review assessed all trials that compared vaccinated people with unvaccinated people. The combined results of these trials showed that under ideal conditions **(vaccine completely matching circulating viral configuration), 33 healthy adults need to be vaccinated to avoid one set of influenza symptoms. In average conditions (partially matching vaccine) 100 people need to be vaccinated to avoid one set of influenza symptoms.** Vaccine use **did not** affect the number of people hospitalised or working days lost but caused one case of Guillian-Barré syndrome (a major neurological condition leading to paralysis) for every one million vaccinations."

**Discussion from the article:** "Although this review presents a large number of comparisons and outcomes based on a number of different groupings of studies and trials, most of the discussion was based on the results of the analysis of a WHO recommended vaccine against placebo. Parenterally *(intravenous)* administered influenza vaccines appear significantly better than their comparators and can reduce the risk of developing influenza symptoms by around 4%, **if** the WHO recommendations are adhered to **and the match is right"***(which it rarely is).* "However, whilst the vaccines do prevent influenza symptoms, this is only one part of the spectrum of "clinical effectiveness" **as they reduce the**

**risk of total "clinical" seasonal influenza (i.e. influenza-like illness) symptoms by around 1%**. When the results of our analysis are expressed as RD the effect appears minimal. This is remarkable as healthy adults are the population in which inactivated vaccines perform best." *(Remember this study looked at "healthy" adults, which means that the effectiveness won't be nearly as good in unhealthy persons, which is a large percentage of the population).* "**We found no evidence that vaccines prevent viral transmission or complications.**"

## Number of deaths due to influenza is dramatically inflated

According to an October 03, 2012 article posted on the ***National Vaccine Information Center's*** web site, **the CDC statistics lump all pneumonia related and cardiopulmonary death with influenza deaths.** Yet only a small percentage of pneumonia cases test positive for influenza. **There are many "influenza like" viral respiratory illnesses that the flu shots don't cover and are completely ineffective against**. The article says that "**CDC now says that only 8.5 percent of all pneumonia and influenza deaths and only 2.1 percent of all respiratory and circulatory deaths are influenza related**." https://www.nvic.org/NVIC-Vaccine-News/October-2012/Influenza-Deaths--The-Hype-vs--The-Evidence.aspx#_edn46

### Article in the British Medical Journal says, U.S. cited "flu deaths" are more of a P.R. stunt than science

In a 2005 story published in the ***British Medical Journal*** titled, **Are U.S. Flu Death Figures More PR than Science**? discrepancies and reporting inaccuracies are cited.
https://www.sciencedaily.com/releases/2005/12/051210120020.htm

**From the article:**
"The ***Centers for Disease Control and Prevention (CDC)*** acknowledges a difference between flu death and flu-associated death yet uses the terms interchangeably", writes Peter Doshi. Statistical incompatibilities also exist between official estimates and national vital statistics data. "

"For example, CDC states that the historic 1968-9 "Hong Kong flu" pandemic killed 34,000 Americans. At the same time, CDC claims 36,000 Americans annually die from flu. What is going on, asks Doshi?
The CDC uses indirect modelling methods to estimate the number of deaths associated with influenza. Thus the much publicised figure of 36,000 is **not an estimate of yearly flu deaths, as widely reported** in both the lay and scientific press, but an estimate - generated by a model - of flu-associated death", he says."

"Compounding these problems is **a marketing of fear** – "a CDC communications strategy in which medical experts "predict dire outcomes" during flu seasons", he adds."

"Yet Doshi believes that this bill obscures the fact that **CDC is already working in manufacturers' interest by conducting campaigns to increase flu vaccination**."

"If flu is in fact not a major cause of death, **this public relations approach is surely exaggerated**, he says. **Moreover, by arbitrarily linking flu with pneumonia, current data are statistically biased**. **Until corrected and until unbiased statistics are developed, the chances for sound discussion and public health policy are limited**, he concludes."

Yet, we still hear **hyper-inflated** numbers being reported on television. **Just this week, I heard the doctor promoting the flu vaccine cite that in the U.S. 80,000 deaths are caused by the flu annually**. So, if that is the case, the graphic in the next section should make every doctor promoting flu shots and the flu manufacturers themselves cringe. **The graph below, shows a 1,152% increase in doses of the flu vaccine over the last 37 years, yet according to them our death rates continue to set record highs. If the numbers they report are true and not sensationalized to scare people into getting the flu vaccine, what exactly does that say for the effectiveness of the flu vaccines?**

## The paradox- The number of doses of flu vaccine has increased from 12.4 million in 1980-1981, to 155.3 million in 2017-2018 (a 1,250 percent increase), yet we are told flu deaths are rampant

**This graph on this page posted by the CDC shows the huge increase in vaccination for the flu in the United States**. https://www.cdc.gov/flu/prevent/vaccine-supply-historical.htm

**That number of doses on that chart calculates to two trillion, eight hundred sixty-nine billion doses of the flu vaccine over the last 37 years. In number form it looks like this 2,869,000,000,000.**

**Yet, it has been widely reported that 80,000 people died from the flu last year alone in the U.S.!**
**Flu Caused 80,000 Deaths in US Last Year-** As reported on ***Medscape*,** September 27, 2018.

"Influenza was especially severe in the United States last year. According to new data released today at a news briefing held by the Centers for Disease Control and Prevention (CDC) and National Foundation for Infectious Diseases (NFID), 900,000 people were hospitalized and 80,000 died from the flu in the US last season." https://www.medscape.com/viewarticle/902666

**The number of annual doses given has increased 1,300% over those 38 years. With that many doses given and the rate at which those doses have increase over nearly four decades, wouldn't you think the number of people suffering and dying from the flu would be better? You would never know it from the abysmal statistics we are spoon fed, leading up to and during every "flu season".**

**And other than hand washing, if the CDC and the medical spokespersons really wanted to make a difference in the number of people suffering from the flu and other viral conditions that often mimic the flu, they would recommend dietary strategies, nutritional supplements and lifestyle improvements that would boost a person's own immune competency against viruses. You don't hear them doing that, though do you? The best you get from them is they say something like, "a 20% flu vaccine effectiveness is better than nothing", like that is the only two options the shot or nothing! Comments like that, should give you a good idea as to what their true agenda is!**

**Revisit pages 478, 482. That confirms that vitamin A supplementation is a world-wide strategy by the *World Health Organization* for improving children's immune protection against infectious diseases. I know it's not part of the talking points, but why can't the CDC, the medical representatives doing their PSAs on television and the media at least make the same recommendations for our children!**

**To put an exclamation point on the decreasing rate of deaths in those people that contract the flu, The National Center for Health Statistics confirms that flu related deaths have dropped dramatically over the last 50 years**

The ***National Vaccine Information Center*** has created a chart using statistics from the National Center for Health Statistics reports. The chart shows that the number of influenza confirmed related deaths per capita has dropped significantly since 1940 (1,000% lower in 2010 than 1940).
http://mercola.fileburst.com/PDF/NVICCHART-InfluenzaPneumoniaDeaths1940-2010.pdf

**Here is a brief snapshot of deaths per decade compared to the population of the U.S.:**

- In 1940, the death rate was one in 6,555
- In 1950, the death rate was one in 23,082
- In 1960, the death rate was one in 22,951
- In 1970, the death rate was one in 55,315
- In 1980, the death rate was one in 84,095
- In 1990, the death rate was one in 118,905
- In 2000, the death rate was one in 159,447
- In 2010, the death rate was one in 624,990

# 10 Tips to Avoid and Treat the Flu

**Here is a link to an article I posted on my web site, that will give you a great strategy to help your own immune system defend you from infections, and particularly viral ones like the flu.**
https://www.wellnessdoc.com/2018/11/10-ways-to-avoid-the-winter-flu/

## Is there a flu shot and Alzheimer's connection?

Hugh Fudenberg M.D., was editor of the journal ***Clinical Immunology and Immunopathology*** for 15 years and one of the world's most renowned immunologists. He was the 13th most quoted biologist of our times and **authored over 600 papers in peer review journals**. Dr. Fudenberg had this to say regarding the annual flu vaccine program while giving a speech at the **1st annual International Public Conference on Vaccination**, held by the ***National Vaccine Information Center*** in Arlington, Virginia in 1997.

"**If an individual has had 5 consecutive flu shots between 1970 – 1980 (the years of the study he was referencing) his/her chance of developing Alzheimer's Disease is 10 times greater than if they had one, two or no shots**." When asked why this is, Dr. Fudenberg stated that, "**It is due to the mercury and aluminum buildup that is in every flu shot. The gradual mercury and aluminum buildup in the brain causes cognitive dysfunction**."

## Vaccines can trigger the paralytic autoimmune syndrome called Guillain-Barré syndrome

A 2017 article published in the ***Journal of Korean Medical Science*** titled, **Clinical Features of Post-Vaccination Guillain-Barré Syndrome (GBS) in Korea**, reports that "Guillain-Barré syndrome (GBS) is the most common immune-mediated polyradiculoneuropathy and **it is also the most commonly reported severe adverse event following immunization in adults**."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5461320/

**From the study:**
"**G.B.S. is an acute or subacute peripheral polyneuropathy, which is accompanied by symmetric flaccid paralysis of the extremities, sensory abnormalities, and cranial nerve palsy**."

"Although the pathogenesis of the GBS has not been clearly elucidated, recent immunological evidence has supported a mechanism of autoimmune damage. Interest in the risk of GBS after vaccination increased after **approximately 500 cases of GBS were reported after the mass administration of the A/New Jersey/76 vaccine during the swine flu epidemic in the United States in 1976**."

**G.B.S. is most commonly triggered after administration of flu vaccine**, **although it can also be triggered by vaccination with other vaccines**. "**In addition to influenza vaccines, cases of GBS have been reported after immunization with various vaccines, including measles, mumps, and rubella (MMR), hepatitis B, diphtheria, tetanus, and pertussis (DTP) and polio**." The autoimmune reaction that causes G.B.S. certainly fits with the widespread reports and scientific conclusions many researchers are making about the vaccine-autoimmune connection. You will see much more evidence of this throughout this document.

## A likely flu shot connection with pericarditis (inflammation of the covering of the heart)

A 2004 study published in ***Arquivos Brasileiros de Cardiologia*** titled, **Pericarditis. Series of 84 consecutive cases**, found a very strong association between the flu shot and cases of pericarditis in individuals that had not been previously diagnosed.
https://www.ncbi.nlm.nih.gov/pubmed/?term=15320556

**From the abstract:**
"The individuals were divided into 2 groups: **group A** comprised 61 patients **with known causes** of pericarditis and **group B** comprised 23 patients **with idiopathic *(unknown)* causes**."

**Twenty-three (100%) group B patients received anti-influenza vaccine versus none in group A.**"

# Healthcare workers resist the flu shot- The studies show low compliance does NOT increase patient risk

## Sixty-five percent of health care workers in the U.S. refuse the flu shot

A report on ***Fox News*** titled, **Half of Health Care Workers Will Likely Refuse H1N1 Vaccine, Research Finds**, says that only 35% of U.S. health care workers trust the flu shot as being safe and effective.
http://www.foxnews.com/story/2009/08/26/half-health-care-workers-will-likely-refuse-h1n1-vaccine-research-finds.html

**From the report:** "**Fewer than 60 percent** of health workers in most countries get vaccinated against regular flu, thought to be a reliable indicator of whether they might get a H1N1 flu shot. **In the U.S., about 35 percent of health workers get a regular flu shot, while in Britain, only about 17 percent do**."

So why don't the pompous talking heads, that think they represent intellectual superiority and believe that they know more than parents that have researched the issue, not know that the majority of the smartest people on the front lines of health care opt out?

## A 2012 editorial written by a paid vaccine consultant, chastises the American Nurses Association for not "mandating" vaccines for its members

An editorial published in ***Vaccine*** titled, **The nurses profession and patient safety and healthcare provider influenza immunization: The puzzling stance of the American Nursing Association**, is critical of the ***American Nursing Association*** for not taking a stronger stance with its members on the vaccine issue. Currently, the American Nurses Association policy on vaccination allows for medical and religious exemption for its members. The American Nurses Association is the largest association representing nurses in the U.S. **One of the two authors of this editorial Dr. Gregory A. Poland discloses his relationship to vaccine manufacturers at the end of the editorial: "Dr. Poland has provided consulting advice on novel, nonlicensed influenza vaccine development Avianax, Theraclone Sciences, MedImmune LLC, Liquidia Technologies, Inc., Novavax, Novartis Vaccines and Therapeutics and PAXVAX, Inc. Dr. Poland has authored other studies in support of mandated vaccination for health care workers." *(I would say his opinion is tainted by the financial gain he receives from vaccine manufacturers. Another example of bias reporting and commentary).***
http://www.edwardjennersociety.org/wp-content/uploads/The-nursing-profession.pdf

The statistics about compliance by health care workers to seasonal flu vaccines is cited by the following: "**More compelling is that despite readily available knowledge, and despite the reality of an influenza pandemic, only 37% of US HCWs received both seasonal and monovalent pandemic vaccines in 2010, and only 34% received the pandemic H1N1 vaccine *alone*** *(Centers for Disease Control and Preventiont (CDC). Interim results: influenza A (H1N1) 2009 monovalent and seasonal influenza vaccination coverage among health-care personnel – United States, August 2009–January 2010. MMWR Morb Mortal Wkly Rep 2010;59(April 12):357–62)*. A recent report demonstrated that in the 2010–2011 flu season only 62% of all US HCWs received seasonal influenza vaccine. *(Centers for Disease Control and Preventiont (CDC). Influenza vaccination coverage among health-care personnel – United States, 2010 11 influenza season. MMWR Morb Mortal Wkly Rep 2011;60(August 32):1073–77)."*

**As of 08-10-19, the American Nurses Association has the following position on vaccines.**

**ANA Position Statement**

Note: This position statement is under revision as of 6/22/19. See this link https://www.nursingworld.org/news/news-releases/2019-news-releases/american-nurses-association-takes-action-on-critical-public-health-issues/ for more information.

**Approved:** July 21, 2015

This position statement supersedes the Position Statement on Mercury in Vaccines, June 21, 2006.

**Purpose**
Historically, ANA has strongly supported immunizations to protect the public from highly communicable and deadly diseases such as measles, mumps, diphtheria, pertussis, and influenza (ANA, 2014; ANA, 2006), and has supported mandatory vaccination policies for registered nurses and health care workers under certain circumstances. However, in light of a recent and significant measles outbreak in the United States, ANA has reviewed current and past position statements for clarity and intent, and current best practices and recommendations from the broader health care community. Based on that review, it was determined that a revised position statement is needed to clarify ANA's position and incorporate current best practices.

**Statement of ANA Position**
To protect the health of the public, all individuals should be immunized against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). All health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC).

ANA supports exemptions from immunization only for the following reasons:

1. Medical contraindications
2. Religious beliefs

All requests for exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request. Individuals who are exempted from vaccination may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission. Employers should ensure that reasonable accommodations are made in all such circumstances.

https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/immunizations/

**In two pages, you will see research demonstrating the ineffectiveness of high health care worker compliance with vaccines.**

## Often cited studies showing health care workers refusing the flu shot put patients at risk, use GROSS exaggeration

Four studies that are frequently used as leverage to try to convince all health care workers to receive the flu shot are found to be beyond ridiculously exaggerated.

A 2017 study published in the PloS One Journal titled, **Influenza Vaccination of Healthcare Workers: Critical Analysis of the Evidence for Patient Benefit Underpinning Policies of Enforcement**, takes a critical look at the studies that are used to persuade health care workers to get a flu shot in order to protect patients. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586

**From the study:**
**Results:** "In attributing patient benefit to increased HCW *(Health Care Worker)* influenza vaccine coverage, **each cRCT *(cRCT = Randomized Clinical Trial),* was found to violate the basic mathematical principle of dilution** by reporting greater percentage reductions with less influenza-specific patient outcomes (i.e., all-cause mortality > Influenza like illness (ILI) > laboratory- confirmed influenza) and/or patient mortality reductions exceeding even favourably derived predicted values **by at least 6- to 15-fold *(600% to 1,500% higher)***. If extrapolated to all LTCF *(Long-Term Care Facilities)* and hospital staff in the United States, the prior cRCT-claimed NNV *(Number Needed to Vaccinate)* of 8 would implausibly mean >200,000 and >675,000 patient deaths, respectively, could be prevented annually by HCW influenza vaccination**, inconceivably exceeding total US population mortality estimates due to seasonal influenza each year, or during the 1918 pandemic, respectively. More realistic recalibration based on actual patient data instead shows that at least 6000 to 32,000 hospital workers would need to be vaccinated before a single patient death could potentially be averted**."

## Another article takes aim at the flawed studies often used to support mandatory flu vaccines for health care workers

An article at www.statnews.som titled **Contentious flu vaccine policies at hospitals are based on flawed research, study says**, exposes the fallacy of those flawed studies.
https://www.statnews.com/2017/01/27/flu-vaccine-health-care-workers/

**From the article:**
"Some policies and firings have been challenged in front of labor tribunals or courts. In those cases, **employers regularly point to four specific studies to bolster the argument that vaccinating health care workers reduces the risk of vulnerable patients contracting influenza from caregivers**."

**"But the methodology of the studies produced results that don't stand up to scrutiny**, the authors of the new paper said. **None of the studies were conducted in hospitals**; **all took place in long-term care facilities. One the studies, from Britain, calculated that one influenza death would be averted for every eight staff members vaccinated. But if that were correct, vaccinating the estimated 1.7 million health care workers employed in long-term care in the United States should prevent 212,500 flu deaths a year among residents. There's an obvious problem though, the paper noted. Nowhere near that many people die from flu in the U.S."** Bear in mind that the studies looked at deaths in in long-term care facilities only. So, the 215,000 projected prevented deaths would be in long term care facilities only.

**My comment: Considering that the total number of deaths actually due to the flu annually in the U.S. was 4,605 in 2014*, how can these studies possibly say that getting the additional non-vaccinated health care workers in long-term care facilities vaccinated would save over 200,000 lives per year IN LONG-TERM CARE FACILITIES? That makes absolutely NO SENSE! Yet this is the kind of propaganda that they put out there!**

***Annual number of deaths attributed to the flu from the CDC**
https://www.cdc.gov/nchs/fastats/flu.htm

## The highly acclaimed Cochrane Collaboration Review find no evidence of benefit in vaccinating health care workers with the flu vaccine

**Authors' conclusions**
"**Our review findings have not identified conclusive evidence of benefit of HCW vaccination programmes on specific outcomes of laboratory-proven influenza, its complications (lower respiratory tract infection, hospitalisation or death due to lower respiratory tract illness), or all cause mortality in people over the age of 60 who live in care institutions**."
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005187.pub5/pdf/abstract

## Recent study shows that healthcare worker compliance with influenza vaccination from 47% to 90% over a five-year period, does not change the rate of hospital acquired influenza in patients

In a 2016 study published in the ***Journal of Infection Control and Hospital Epidemiology*** titled, **Potential Ceiling Effect of Healthcare Worker Influenza Vaccination on the Incidence of Nosocomial Influenza Infection, the authors determined that over a five-year period when healthcare worker compliance with influenza immunization increased from 47% to 90%, there was no significant reduction of hospital acquired influenza by patients. Nosocomial means "originating in a hospital.**"
https://www.ncbi.nlm.nih.gov/pubmed/?term=27098758

**Methods: "**All admitted patients with a direct fluorescent antibody (DFA) or polymerase chain reaction (PCR) assay positive for influenza ordered between October 1 and May 31 from 2010 to 2015 were eligible for inclusion. **Nosocomial influenza was defined as a positive influenza test collected ≥48 hours after admission in patients without influenza-like illness present within 24 hours of admission**. Relative nosocomial influenza frequency was calculated by dividing the number of nosocomial cases by the total number of admitted patients with influenza for each season."

**Results: "**Over 5 seasons *(2010-2015)*, 533 patients had positive influenza tests during their hospitalization; 29 of these patients (5.4%) acquired influenza during their hospitalization. **HCW vaccination coverage increased over the 5 seasons from 47% to 90% Despite an initial decrease in relative nosocomial influenza frequency during the first year (9% to 4.9%), subsequent seasons failed to show an additional decrease in nosocomial infections (4.3%, 5.2%, and 4.8%, respectively); the overall decrease in nosocomial influenza from the first season to the final season was not significant. No association was detected between HCW vaccination coverage and nosocomial influenza.**"

# Narcolepsy a sleep disorder, is a consequence of the H1N1 flu vaccine

## About narcolepsy

First, what is narcolepsy? According to https://narcolepsynetwork.org/about-narcolepsy/faq/ ,

**the symptoms are as follows:**

Narcolepsy has five primary symptoms:

- Excessive Daytime Sleepiness (EDS) – An overwhelming sense of tiredness and fatigue throughout the day
- Cataplexy (C) – Events during which a person has no reflex or voluntary muscle control. For example knees buckle and even give way when experiencing a strong emotion – laughter, joy, surprise, anger or heads drop or jaws go slack from the same kind of stimuli
- Sleep paralysis – A limpness in the body associated with REM sleep resulting in temporary paralysis when the individual is falling asleep, or awakening. Episodes can last from a brief moment to several minutes.
- Hypnogogic hallucinations – Events of vivid audio and visual events that a person with narcolepsy experiences while falling asleep, or while awakening
- Disrupted Nighttime Sleep (DNS) – The inability to maintain sleep for more than a few hours at a time.

**Other symptoms reported by people with Narcolepsy can include:**

- Automatic Behavior (AB) – The performance of tasks that are often routine, dull or repetitive without conscious effort or memory.
- Memory Lapses – Difficulty in remembering recent events, actions or words

**…End of narcolepsy network post**

When I first read that list of symptoms, it struck me that narcolepsy can be an extremely debilitating disorder. The disruption and adverse consequences on a person's life dealing with narcolepsy must be tremendous.

**So, what is the connection with vaccines?**

## Narcolepsy 25 rates times higher after the vaccine

A 2013 article from the Journal ***Neurology*** ("The most widely read and highly cited peer-reviewed neurology journal") titled, **Increased childhood incidence of narcolepsy in western Sweden after H1N1 influenza vaccination**, stated the following:

**"Conclusion:** Pandemrix vaccination is a precipitating factor for narcolepsy, especially in combination with HLA-DQB1*0602. **The incidence of narcolepsy was 25 times higher after the vaccination** compared with the time period before. The children in the postvaccination group had a lower age at onset and a more sudden onset than that generally seen."
https://www.ncbi.nlm.nih.gov/pubmed/?term=23486871

## Squalene adjuvant implicated in H1N1 narcolepsy outbreak

In an editorial published in ***Neurology*** 2013, titled, **Association between H1N1 vaccination and narcolepsy–cataplexy- Flu to sleep**, the following clue to a possible cause of the autoimmune reaction caused by the vaccine surfaced. http://n.neurology.org/content/80/14/1276

"After the beginning of the influenza A (H1N1 pdm09) pandemic in 2009, several monovalent pandemic H1N1 vaccines were licensed **using fast track procedures**, **with limited safety data in children and adolescents**.[1] **Nonadjuvant** monovalent vaccines were used in the United States and Australia, and on a limited scale, in Europe (France, Spain) and other countries. **Within the European Union (EU), 2 different vaccines with adjuvant were licensed, both containing a new generation of squalene-based adjuvant**: Focetria (Novartis, Philadelphia, PA), with the MF59 adjuvant, and Pandemrix (GSK, Philadelphia, PA), containing AS03 (squalene and α-tocopherol). Arepanrix, similar to Pandemrix, was used in Canada and Brazil. The vaccine program started in the EU by September 2009; concurrently, the European Center for Disease Prevention & Control (ECDC), Vaccine Adverse Event Surveillance and Communication, and other agencies initiated an active surveillance program to monitor safety and adverse events associated with this vaccine."

**Essentially what this means, is that certain parts of the world utilized an H1N1 flu vaccine which was without an adjuvant, and certain parts of the world used the adjuvant squalene. Sweden happened to be one of those countries where the Pandemrix H1N1 vaccine was utilized**. **Squalene is a very controversial vaccine component that has long been suspected to contribute to many serious disorders, including Gulf War Syndrome. As a footnote, keep in mind that even in areas of the world where squalene was not utilized in that vaccine, thimerosal was still used in the multi-dose vials.**

## Narcolepsy appears to be an autoimmune condition, caused by damage to particular cells in the brain by the immune system - therein lies the vaccine connection

In an article published in ***Lancet Neurology*** in 2014 and titled, **Narcolepsy as an autoimmune disease: the role of H1N1 infection and vaccination**, researchers found what may be the missing link in the vaccine/narcolepsy chain of events. https://www.ncbi.nlm.nih.gov/pubmed/24849861

**According to the article:**
Narcolepsy is a sleep disorder characterised by loss of hypothalamic hypocretin (orexin) neurons. The prevalence of narcolepsy is about 30 per 100 000 people, and typical age at onset is 12-16 years. Narcolepsy is strongly associated with the HLA-DQB1*06:02 genotype, and has been thought of as an

immune-mediated disease. Other risk genes, such as T-cell-receptor α chain and purinergic receptor subtype 2Y11, are also implicated**. Interest in narcolepsy has increased since the epidemiological observations that H1N1 infection and vaccination are potential triggering factors, and an increase in the incidence of narcolepsy after the pandemic AS03 adjuvanted H1N1 vaccination in 2010 from Sweden and Finland supports the immune-mediated pathogenesis**. Epidemiological observations from studies in China also suggest a role for H1N1 virus infections as a trigger for narcolepsy. Although the pathological mechanisms are unknown, an H1N1 virus-derived antigen might be the trigger.

## The H1N1 vaccine triggered an autoimmune reaction, damaging nerve cells in the brain associated with sleep/wake control

A 2014 article from the ***Journal of Autoimmunity*** titled, **A/H1N1 antibodies and TRIB2 autoantibodies in narcolepsy patients diagnosed in conjunction with the Pandemrix vaccination campaign in Sweden 2009-2010**, confirmed the autoimmune connection and the H1N1 correlation.
https://www.ncbi.nlm.nih.gov/pubmed/24485154

**From the abstract:** "**Narcolepsy is a lifelong sleep disorder** related to hypocretin deficiency resulting from a specific loss of hypocretin-producing neurons in the lateral hypothalamic area. The disease is thought to be autoimmune due to a strong association with HLA-DQB1*06:02**. In 2009 the World Health Organization (WHO) declared the H1N1 2009 flu pandemic (A/H1N1PDM09). In response to this, the Swedish vaccination campaign began in October of the same year, using the influenza vaccine Pandemrix(®). A few months later an excess of narcolepsy cases was observed."**

**"The narcolepsy patients had higher median levels of A/H1N1 antibodies than the controls."**

"**In conclusion, following the 2009 influenza pandemic vaccination, A/H1N1 antibody levels were associated with young age-at-onset narcolepsy patients positive for HLA-DQB1*06:02**." *(HLA-DQB1*06:02 is a genetic marker correlated with the predisposition toward developing narcolepsy)*

**Other scientific articles have come to the same conclusions. It appears that certain persons with a genetic predisposition to narcolepsy, when exposed to an environmental trigger like an adjuvant or antigen in a vaccine (or other triggers listed below) will develop narcolepsy**. The fact that they have the genetic hard wiring, is not the definitive reason for development of the disorder however. A sizable percentage of the population have this genetic predisposition, but never develop narcolepsy. **According to the Narcolepsy Network… "About one quarter of the general population in the U.S. carries the HLA-DQB1* o602 genetic marker but only one person out of about 500 of these people will develop this form of Narcolepsy**." **This underscores the role of epigenetics in the manifestation of a condition a person may have a genetic predisposition to. Epigenetics is involved in gene expression. Many different factors determine how a gene is expressed, including diet, quality of sleep, exposure to toxins, level of exercise, ability to manage stress, lifestyle and behavioral factors, faith life and even degree of optimism versus pessimism.**

## A lack of controlled trials

*In fact, **the Flulaval Influenza Vaccine package insert** states: ….” **There have been no controlled trials adequately demonstrating a decrease in influenza disease after vaccination with Flulaval**.”

## Scientific evidence of benefit is sorely lacking

An article published in the ***British Medical Journal (BMJ)*** titled, **Belief not science is behind flu jab promotion** exposes the lack of science behind the flu shot.

**From the article…**

“**An independent meta-analysis of vaccines against influenza has found that claims of benefit have been significantly exaggerated**.”

“The report, released last month by the ***University of Minnesota’s Center for Infectious Disease Research and Policy***, was based on a comprehensive review of data published from 1967 to 2012.” *(That’s 45 years)*

“” **Evidence for “consistent high-level protection is elusive**,” the researchers concluded. Although vaccination was found to provide modest protection from infection in young healthy adults who rarely have complications of flu, the authors found that “**evidence for protection in adults 65 years of age and older [who represent over 90% of deaths from flu] . . . is lacking**.””

### The Afluria flu vaccine not much better than a placebo

According to the Afluria flu vaccine package insert, Section 14.1, pages 16-17 report on the clinical trial demonstrating the effectiveness of the vaccine.
https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM263239.pdf

**The conclusion of the data:**

**Based on 10,000 people and looking at those contracting the vaccine-matched strains of the flu:**
Vaccinated = 59 people (adjusted up by one to reflect 10,000 who received the vaccine))
Placebo = 147 (adjusted to reflect 10,000 who received the placebo)
(So out of 100 people, .59 vaccinated people got that strain and 1.47 unvaccinated people got it)
Number of unvaccinated contracting the **specific** viral strain more than vaccinated = 88 or 0.88%
***This means that the vaccine is less than 1% effective in protecting from the specific strain of the flu it is designed to protect against, compared to a placebo!***

**Based on 10,000 people and looking at those contracting any strain of the flu:**
Vaccinated = 224
Placebo = 387

(So out of 100 people, 2.24 vaccinated people got the flu (any strain) and 3.87 unvaccinated did also)
Number of unvaccinated contracting the specific viral strain more than vaccinated = 163 or 1.63%
***This means that the vaccine is only 1.63% more effective than a placebo in protecting from any strain of the flu!***

## More on the flu vaccine's ineffectiveness:

This article from ***the Pediatric Infectious Disease Journal*** titled, **Vaccine Effectiveness Against Laboratory-confirmed Influenza in Healthy Young Children: A Case-Control Study** puts the effectiveness of the flu vaccine at 58%. "Using all the influenza-negative controls, the adjusted vaccine effectiveness (VE) was 58%". https://www.ncbi.nlm.nih.gov/pubmed/21079528

As you will see in many other reports and studies in this book, 58% is one of the best effectiveness rates you will see. Most statistics put it much lower. There are so many variables with guessing on the strains for the following year. Even if they guess right, those virus strains have the ability to mutate over the course of the year making the vaccine ineffective. Imagine a vaccine manufacturer with billions of dollars into production and ramp up worldwide, knowing the probability of a very low chance of next year's flu vaccine even working, having to convince hundreds of millions of people that they need to get injected. But the marketing machine does it anyway.

**My question is, if only between 10% and 58% of children getting the vaccine are protected, is that really any better than those that were not vaccinated? My experience with myself, my family and those families I know and in my practice that do not vaccinate their children against the flu, is that it is rare for any of them to contract influenza or the flu. I believe in many cases, it is because health conscious families provide nutritious food and appropriate vitamins including vitamins A, C and D and probiotics for themselves and their children. Additionally, they restrict immune suppressing things like excess ingestion of sugar, fried or hydrogenated foods or antibiotics. Many families practicing a healthy lifestyle also reduce or eliminate dairy and wheat which are two of the most common allergenic foods. These foods also cause excess mucous production, providing a fertile breeding ground for pathogenic organisms.**

## Good Morning America cites the flu vaccine as only 10% effective

On November 30, 2017, Good Morning America had a segment on the upcoming flu season. Their Medical Correspondent Dr. Jennifer Ashton was on the show discussing the fears about the severity of the upcoming season. They based their prediction on what they have seen in the Southern Hemisphere, Australia in particular. **The graphic they showed cited that the vaccine has been only 10% effective for the current strains**. http://abcnews.go.com/GMA/video/experts-warn-flu-season-bad-51477136

When George Stephanopoulos questioned the 10% effectiveness rate as not being very good, Dr. Ashton said the following "It's the worst vaccine we have, and that's why there's so much interest in research and need to develop what's called a universal vaccine. Right now, the flu vaccine takes a long time to

develop, it's still grown in chick eggs. Adaptations can occur in that process that makes it not a great vaccine." She went on to say, "Ten percent efficacy is better than zero…" She then gave some good hygiene measures to prevent infection which I applaud.

## The 2018-2019 flu vaccine predicted to be only 20% effective

The Journal of ***Clinical Infectious Diseases*** predicts another miserable success rate for the flu vaccine. In an article published April 17, 2018 titled, **Predicting Influenza H3N2 Vaccine Efficacy From Evolution of the Dominant Epitope.** In an April 23, 2018 article on ***Fierce Pharma's*** web site titled, **No thanks to eggs: Next year's flu shot will shield only 20% against dominant strain** the study was discussed.
https://www.fiercepharma.com/vaccines/2018-19-season-s-flu-shot-only-20-effective-under-egg-based-production-study

**The following is from the article:**
"**Protection against the dominant H3N2 flu strain offered by the coming season's flu vaccine will still be far from optimal—putting it mildly**. And that's thanks to the widely used manufacturing process based on eggs, a new study predicts."

"**Using a method known as pEpitope, two Rice University researchers analyzed the newly proposed flu vaccine formulation. Their conclusion? An estimated 20% efficacy against H3N2, as published in Clinical Infectious Diseases**."

"The vaccine has been changed **for 2018-19**, but unfortunately it still contains two critical mutations that arise from the egg-based vaccine production process," said study author Michael Deem, Rice's John W. Cox Professor in biochemical and genetic engineering. "**Our study found that these same mutations halved the efficacy of flu vaccines in the past two seasons, and we expect they will lower the efficacy of the next vaccine in a similar manne**r."

It seems that not only is guessing the predominant strains for next year's flu season a challenge, but the viral mutations in the process are as well. **Maybe that is why more and more people feel that the risk of the flu shot outweighs the stated benefits**.

## The prestigious Cochrane Collaboration finds the flu vaccine only protects 1 of every 100 people

A 2013 comprehensive review of 50 published papers of over 70,000 people titled, **Vaccines for preventing influenza in healthy adults**, by the world-renowned Cochrane Collaboration finds the effectiveness of the flu vaccine to be pitiful.
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001269.pub4/epdf

**From the report:**

**Vaccines to prevent influenza in healthy adults**

"**Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only influenza A and B, which represent about 10% of all circulating viruses**. Each year, the World Health Organization recommends which viral strains should be included in vaccinations for the forthcoming season."

"Authors of this review assessed all trials that **compared vaccinated people with unvaccinated people**. **The combined results of these trials showed that under ideal conditions (vaccine completely matching circulating viral configuration) 33 healthy adults need to be vaccinated to avoid one set of influenza symptoms. In average conditions (partially matching vaccine- *by far the most common scenario*) 100 people need to be vaccinated to avoid one set of influenza symptoms.** Vaccine use did not affect the number of people hospitalised or working days lost but caused one case of Guillian-Barré syndrome (a major neurological condition leading to paralysis) for every one million vaccinations. **Fifteen of the 36 trials were funded by vaccine companies and four had no funding declaration. Our results may be an optimistic estimate because company-sponsored influenza vaccines trials tend to produce results favorable to their products and some of the evidence comes from trials carried out in ideal viral circulation and matching conditions and because the harms evidence base is limited**." *(Interpretation: Because about half of the studies were performed by vaccine manufacturers and they optimize studies to come out favorably, had that not been the case the results would have been worse than 100 people vaccinated to save 1 case of influenza. That's not very impressive at all).*

## Flu marketing continues the fear mongering

Despite all the false alarms in the past, the media continues the steady drum beat in their annual hype of impending doom. One has to ask, how long it will take before the public ignores their warnings? Like the boy that cried wolf, the continual overhype is likely to fall on deaf ears.

***CNN*:** September 24, 2017**- The big one is coming, and it's going to be a flu pandemic**, by ***Dr. Sanjay Gupta, Chief Medical Correspondent***.

**"Experts say we are "due" for one. When it happens, they tell us, it will probably have a greater impact on humanity than anything else currently happening in the world**."

## WHO can we trust? The World Health Organization- Think again!

An article published in the ***British medical Journal*** June 12, 2010 titled, **WHO and the pandemic flu "conspiracies", exposed conflicts of interest within the World Health Organization and the pharmaceutical industry.** https://www.bmj.com/content/340/bmj.c2912/rapid-responses

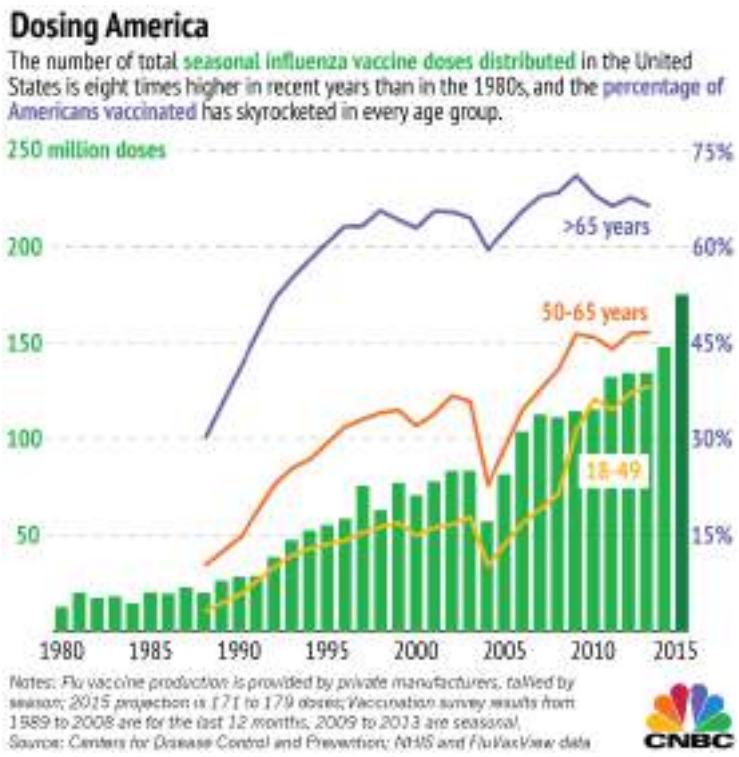
The article stated, "the investigation reveals a system struggling to manage the inherent conflict between the pharmaceutical industry, WHO, and the global public health system, which all draw on the same pool of scientific experts." Gerd Gigerenzer, director for the Center for adaptive behavior and cognition at the Max Planck Institute in Germany, told the ***British medical Journal***/the Bureau: "the problem is not so much that communicating uncertainty is difficult, but that uncertainty was not communicated. **There was no scientific basis for the WHO's estimate of 2 billion for likely H1N1 cases, and we knew little about the benefits and harms of the vaccination. The WHO maintained this 2-billion-dollar estimate, even after the winter season in Australia and New Zealand showed that only about one or 2 per1000 people were infected. Last, but not least, it changed the very definition of a pandemic.**" The article goes on to disclose that a document created by WHO in 1999 titled, **Influenza Pandemic Plan: The Role of WHO and Guidelines for National and Regional Planning**, was produced by the World Health Organization in collaboration with the European Scientific Working Group on influenza (ESWI). **What this document did not disclose, is that ESWI is funded entirely by Roche and other influenza drug manufacturers. The article goes on to identify certain key players and their conflicts of interest between seemingly independent and unbiased public health agencies and the pharmaceutical industry.**

This article drew a critical review from the editor of Nature, to which the editor of the British Medical Journal strongly countered in this rebuttal. https://www.bmj.com/content/340/bmj.c2912/rapid-responses

## The marketing the illusion of "grave danger" and exaggerated efficacy pays off big time

**How has the marketing of flu hysteria affected the rates of compliance, and therefore the profits of the pharmaceutical industry?**

This story reported by CNBC in October 2015, discusses the $1.6 billion-dollar flu industry and displays a graph showing the dramatic 800% increase in the number of flu doses from the 1980's until 2015. This graph breaks the total number of doses into 3 different age groups.
http://www.cnbc.com/2015/10/19/the-16-billion-business-of-flu.html




## Circulating viruses are different than what is predicted

The ***USA Today*** reported in their 06-05-15 issue that the CDC reported that the flu vaccine was only 19% effective, because they have difficulty matching the strains with the vaccines being produced. http://www.cbc.ca/news/health/flu-vaccine-only-23-effective-in-u-s-even-less-effective-in-canada-1.2902091

This release by CBC Radio Canada, reported on data released by the CDC for the 2014 fall flu season. **The data showed an overall effectiveness of the flu shot of only 23%. The additional results revealed are even more discouraging**.

**According to the article:**
**The poor effectiveness likely reflects the fact that more than two-thirds of circulating flu viruses are genetically different or "drifted" from seasonal flu vaccines**, the CDC said in its Morbidity and Mortality Weekly Report.

The effectiveness was highest among children aged six months to 17 at 26 per cent. **Effectiveness fell to about 12 per cent among people aged 18 to 49 and 14 per cent for those aged 50 and older**.

**In Canada, the flu vaccine could be working even more poorly, with "little or no protection."**

"**About 98 per cent of the viruses are mismatched that have been characterized in Canada**, whereas in the U.S. its closer to about **68 per cent**, **or about two-thirds are mismatched**. So, it's not a good omen," said Dr. Danuta Skowronski of the British Columbia Centre for Disease Control.

"There are other ways to protect yourself and others besides the flu shot, such as handwashing and staying home when sick", said Dr. Michael Gardam, director of infection prevention and control at Toronto's University Health Network.

"This year you could go off and get your flu shot and who cares? It really is not providing a great deal of protection," Gardam said.

## Risk vs Reward- At what point does the risk of the toxic soup in the vaccine become greater than the perceived benefit?

**My question is, how low would the effectiveness of the flu vaccine have to go before the talking heads would admit that the risk of putting mercury, Polysorbate-80, squalene, formaldehyde, MDCK (dog kidney cell protein), antibiotics, egg proteins, nonylphenol ethoxylate, MSG, various antibiotics which in some cases such as with polymyxin B and neomycin, (which are not supposed to be used together), octylphenol ethoxylate (Triton X-100), beta-propiolactone among many other ingredients into your body would no longer be worth it?**

**Another good question is, at what point does the risk of putting all of those chemicals, foreign DNA and metals into your body outweigh the reward? Virtually every decision we make goes through a filter of risk versus reward. In other words, what do we have to gain versus what do we have to lose? On the topic of vaccines, I would like to ask you, what is your risk/reward threshold? If the shot is only 10% effective, is the risk worth the reward? If the shot is only 5% effective, is the risk worth the reward? If the shot was only 1% effective, is the risk worth the reward? And, at what point of ineffectiveness should there be public push back against the mantra, that "X% is better than zero"?**

**This is a GREAT Segway to my next topic…….**

# The flu vaccine causes other health risks

## The Trivalent Influenza Vaccine, caused a higher rate of the flu cases in those receiving it the following year

A study looking at 4 other studies on the subject published in 2010 titled, **Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring– Summer 2009: Four Observational Studies from Canada**, **shows that those who were vaccinated for the flu with the Trivalent Influenza Vaccine (against three strains), were approximately twice as likely to contract the**

**pH1N1 illness during the spring–summer 2009 in Canada.**
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

**From the study:** "In contrast, estimates from the sentinel and three other observational studies, involving a total of 1,226 laboratory-confirmed pH1N1 cases and 1,505 controls, **indicated that prior receipt of 2008–09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring–summer 2009, with estimated risk or odds ratios ranging from 1.4 to 2.5.** Risk of pH1N1 hospitalization was not further increased among vaccinated people when comparing hospitalized to community cases."

## The flu vaccine leads to an increase in other respiratory infections

A 2012 study published in the ***Clinical Infectious Diseases Journal*** titled, **Increased Risk of Non-influenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine**, challenges the thinking that immunization against the flu reduces flu symptoms such as upper respiratory infections, often considered a hallmark of flu infection. **The reality is that vaccination against the flu appears to increase the rates of other non-influenza upper respiratory infections by greater than 400%!**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/

**From the study:**
"We randomized 115 children to trivalent inactivated influenza vaccine (TIV) or placebo. Over the following 9 months, TIV recipients had an increased risk of virologically-confirmed non-influenza infections. **Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses**."

## A 2018 study from the Journal Vaccine finds children vaccinated against the flu have a higher rate of other respiratory illness within 14 days than non-vaccinated children

A 2018 article published in the Journal ***Vaccine*** titled, **Assessment of temporally-related acute respiratory illness following influenza vaccination**, **found that children who are vaccinated for influenza develop a higher rate of non-influenza acute respiratory illness in the 14 days after the vaccination than those that are not vaccinated**.
https://www.ncbi.nlm.nih.gov/pubmed/?term=29525279

**From the Abstract:** *(ARI stands for Acute Respiratory Illness)*
"We conducted a cohort sub-analysis of children and adults in the MoSAIC community surveillance study from 2013 to 2016."

"Of the 999 participants, 68.8% were children, 30.2% were adults. Each study season, approximately half received influenza vaccine and one third experienced ≥1 ARI. **The hazard of influenza in individuals during the 14-day post-vaccination period was similar to unvaccinated individuals during the same period…** *(this indicates that non-vaccinated people had no higher incidence of the flu).* **The hazard of non-influenza respiratory pathogens was higher during the same period**… when stratified by age the hazard **remained higher for children**… but not for adults."

**From the Conclusion:**
"**Among children there was an increase in the hazard of ARI caused by non-influenza respiratory pathogens post-influenza vaccination** compared to unvaccinated children during the same period. Potential mechanisms for this association warrant further investigation."

## Natural protection and treatment for the flu and other viral conditions

**VIEW**

**10 Effective Ways to Prevent and Treat Viral Infections**

# Hepatitis B Vaccine- A dangerous and unnecessary risk

## Hepatitis B at Birth – Is it really necessary?

A **minor** "victory" in 2017 for those alleging that premature born infants are more susceptible to injury from vaccines has occurred by **the CDC is now recommending that preemie babies born to Hep B negative mothers and weighing under 2,000 grams (4.41 pounds) should not receive their first dose until 1 month after birth, or at hospital discharge**. If the mother has tested **positive** or if the mother's status in **unknown** for Hep B, the preemie should still receive the dose at birth. I say minor victory because, the slight delay of 1 month in administering the vaccine will make very little difference as it relates to reducing risk to the baby. A 4-pound baby may still only weight 5 pounds at one month of age. Additionally, the Hep B virus can only be contracted by sexual activity, dirty needles or from a Hepatitis B positive mother during the birth process. The fact that infants should require this vaccine makes no sense whatsoever, especially to Hepatitis B negative mothers. Why not just test the mothers and at least give the babies born from mothers that have tested negatively a pass? **Yet, the CDC's schedule calls for up to 4 doses before 6 months for ALL babies! In addition, the schedule calls for pregnant women to**

**receive the Hep B vaccine with the tiny fetus in utero. This is all complete insanity!** You can verify everything I am saying right here with the CDC's 2018 schedule.
https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

## Director of a major medical association disagrees with the addition of the Hep B Vaccine

**According to testimony before Congress given in 1999** by ***Jane Orient, MD***., ***Executive Director of the Association of American Physicians and Surgeons***, when the government was planning to add Hepatitis B to the mandatory childhood schedule.

**Dr. Orient stated:**
"**VAERS contains 25,000 reports related to hepatitis B vaccine, about one-third of which were serious enough to lead to an emergency room visit, hospitalization, or death**."

"**It is often assumed that only 10% of reactions are reported**. (This committee has heard testimony about persons being actively discouraged from reporting, even if they are aware of the reporting system.) **Thus, if there have been some 80,000 serious adverse reactions associated with 20 million doses of vaccine, the risk is about 4 in 1000**."

## Her conclusion: Public policy regarding vaccines is fundamentally flawed, permeated by conflicts of interest and based on poor scientific methodology

**She concluded:**
"**Public policy regarding vaccines is fundamentally flawed. It is permeated by conflicts of interest. It is based on poor scientific methodology (including studies that are too small, too short, and too limited in populations represented), which is, moreover, insulated from independent criticism. The evidence is far too poor to warrant overriding the independent judgments of patients, parents, and attending physicians, even if this were ethically or legally acceptable**." ***Did you get that? The evidence is far too poor to warrant overriding the independent judgments of patients and parents! I completely concur!***
**Reference:** http://www.aapsonline.org/testimony/hepbcom.htm

## Yet, another example of the Hep B vaccine and subsequent autoimmune problems-

From the ***Journal Lupus***, Feb 21, 2012. An article titled **Autoimmunity following hepatitis B vaccine as part of the spectrum of 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants' (ASIA): analysis of 93 cases.** https://www.ncbi.nlm.nih.gov/pubmed/22235045

**This is the conclusion:**
"**Common clinical characteristics were observed among 93 patients diagnosed with immune-mediated conditions post-Hepatitis B Vaccination, suggesting a common denominator in these diseases**."

## The Hepatitis B Virus is a known human carcinogen according to the HHS National Toxicology Program

The Department of Health and Human Services puts out their report on known and suspected human carcinogens every couple of years. The current 2016 report includes 248 listings of agents, substances, mixtures, and exposure circumstances that are known or reasonably anticipated to cause cancer in humans. The hepatitis b virus is one that is categorized as a known human carcinogen as it can cause liver cancer. https://ntp.niehs.nih.gov/pubhealth/roc/index-1.html

While the live virus is not injected along with the vaccine, the cultured hepatitis B surface antigen is**. It is not known whether the surface antigen itself has the same carcinogenic properties or potential as the virus itself**. This remains to be seen. As we know from many other instances of compounds that have made their way into the human population through consumer products and medicines, the recognition of the hazards of those substances **often takes a very long time**. **This is often revealed by looking backward through epidemiological studies. Unfortunately, those connections may take decades to come to light. It would be a tragedy to find out many years later that the same vaccine that was designed to prevent liver cancer, was actually causing that same cancer that it was designed to prevent**.

## Study shows a significant increase in special education services in boys exposed to the hepatitis B vaccine

A 2018 article published in ***The International Journal of Environmental Research and Public Health*** titled, **A Cross-Sectional Study of the Association between Infant Hepatitis B Vaccine Exposure in Boys and the Risk of Adverse Effects as Measured by Receipt of Special Education Services**,

**The Abstract:**
"**The National Center for Education Statistics reported that between 1990–2005 the number of children receiving special education services (SES) rose significantly, and then, from 2004–2012, the number declined significantly. This coincided with the introduction of Thimerosal-containing hepatitis B vaccine in 1991, and the subsequent introduction of Thimerosal-reduced hepatitis B vaccine in the early 2000s.** This study examined the potential relationship between infant exposure to mercury from three doses of Thimerosal-containing hepatitis B vaccine and the risk of boys being adversely affected (as measured by receipt of SES). This cross-sectional study examined **1192 boys** (weighted n = 24,537,123) **7–8 years of age** (born: 1994–2007) **from the combined 2001–2014 National Health and Nutritional Examination Survey (NHANES)**. Survey logistic regression modeling revealed that an exposed population receiving three doses of infant Thimerosal-containing hepatitis B vaccine (weighted n = 11,186,579), in comparison to an unexposed population (weighted n = 704,254), were at an increased risk of receipt of SES. **This association was robust** (crude odds ratio = 10.143, p = 0.0232), **even when considering covariates, such as race and socioeconomic status** (adjusted odds ratio = 9.234, p = 0.0259). **Survey frequency modeling revealed that receipt of SES for the population that was exposed to three doses of Thimerosal-containing hepatitis B vaccine in infancy (12.91%) was significantly higher than the unexposed population (1.44%)** (prevalence ratio = 8.96, p = 0.006,

prevalence attributable rate = 0.1147). **Despite the limitation of this cross-sectional study not being able to ascribe a direct cause-and-effect relationship between exposure and outcome, it is estimated that an additional 1.2 million boys received SES with excess education costs of about United States (US) $180 billion associated with exposure to Thimerosal-containing hepatitis B vaccine. By contrast, exposure to Thimerosal-reduced hepatitis B vaccine was not associated with an increased risk of receiving SES. Therefore, routine childhood vaccination is important to reduce the morbidity and mortality of infectious diseases, but every effort should be made to eliminate Thimerosal from all vaccines**."

**From the Conclusion**:
"This cross-sectional study provides new evidence consistent with and extends the results from previous epidemiological and biological studies on the adverse effects of Hg exposure from Thimerosal-containing childhood vaccines. This study supports a significant about nine-fold increase in the risk of adverse effects as measured by receipt of special education services among boys receiving infant Thimerosal-containing hepatitis B vaccination."

"**In light of the findings in this study, it is recommended that Thimerosal be removed from all of the vaccines given to pregnant women and children worldwide.** This includes the Thimerosal-containing hepatitis B vaccine and all other Thimerosal-containing childhood vaccines that are still being used in the developing world, **as well as the Thimerosal-containing influenza vaccines, the Thimerosal-containing meningococcal vaccines, and the Thimerosal-containing tetanus toxoid vaccines that are still used in the US to date. The removal of Thimerosal should take place as soon as possible, since the use of Thimerosal in vaccines is avoidable and unnecessary."**

## Hep B Vaccine in the first month of life, increases the risk of Autism in boys by 300 percent

A 2010 study published in the ***Journal of Toxicology and Environmental Health*** titled, **Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002**, confirms a **three times greater risk of autism** when boys were vaccinated within the first month of life.
https://www.ncbi.nlm.nih.gov/pubmed/?term=21058170

**The Abstract:**
"Universal hepatitis B vaccination was recommended for U.S. newborns in 1991; however, safety findings are mixed. The association between hepatitis B vaccination of male neonates and parental report of autism diagnosis was determined. This cross-sectional study used weighted probability samples obtained from ***National Health Interview Survey 1997-2002 data sets***. Vaccination status was determined from the vaccination record. Logistic regression was used to estimate the odds for autism diagnosis associated with neonatal hepatitis B vaccination among boys age 3-17 years, born before 1999, adjusted for race, maternal education, and two-parent household. **Boys vaccinated as neonates had threefold greater odds for autism diagnosis compared to boys never vaccinated or vaccinated after the first month of life**. **Non-Hispanic white boys were 64% less likely to have autism diagnosis relative to nonwhite boys. Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of**

**autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk**."

The various versions of the Hep B vaccine contain aluminum, formaldehyde, polysorbate 80 and other compounds, which can be viewed at:
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

## A 2018 study identifies one way the hepatitis B vaccine causes brain damage

A 2018 study published in the journal ***Cytokine*** titled, **IL-4 mediates the delayed neurobehavioral impairments induced by neonatal hepatitis B vaccination that involves the down-regulation of the IL-4 receptor in the hippocampus**, describes the mechanism for brain damage from the hepatitis B vaccine. https://www.ncbi.nlm.nih.gov/pubmed/29751176

**From the Abstract:**
"**We have previously verified that neonatal hepatitis B vaccination induced hippocampal neuroinflammation and behavior impairments in mice**. However, the exact mechanism of these effects remain unclear. In this study, we observed that neonatal hepatitis B vaccination induced an anti-inflammatory cytokine response lasting for 4-5 weeks in both the serum and the hippocampus, primarily indicated by elevated IL-4 levels. **Three weeks after the vaccination schedule, however, hepatitis B vaccine (HBV)-mice showed delayed hippocampal neuroinflammation**."

"Thus, we investigated whether neonatal over-exposure to systemic IL-4 influences brain and behavior. We observed that mice injected intraperitoneally with recombinant mouse IL-4 (mIL-4) during early life had similar neuroinflammation and cognition impairment similar to those induced by neonatal hepatitis B vaccination. Next, the mechanism underlying the effects of IL-4 on brain in mice was explored using a series of experiments. **In brief, these experiments showed that IL-4 mediates the delayed neurobehavioral impairments induced by neonatal hepatitis B vaccination, which involves the permeability of neonatal blood-brain barrier and the down-regulation of IL-4 receptor. This finding suggests that clinical events concerning neonatal IL-4 over-exposure, including neonatal hepatitis B vaccination and allergic asthma in human infants, may have adverse implications for brain development and cognition.**"

## Hepatitis B Vaccine in newborn mice impairs brain development at 6 weeks from microglial activation and altered behavior in early adulthood

A 2016 study published in ***Psychoneuroendocrinology*** journal titled, **Neonatal hepatitis B vaccination impaired the behavior and neurogenesis of mice transiently in early adulthood**, showed a "neurotoxic profile" of neuroimmune molecule expression, AKA extreme activation of inflammatory markers leading to immune activation, delayed brain development and even neurobehavioral changes in early adulthood. https://www.ncbi.nlm.nih.gov/pubmed/?term=27501128

**From the Abstract:**
"The immune system plays a vital role in brain development. The hepatitis B vaccine (HBV) is administered to more than 70% of neonates worldwide. Whether this neonatal vaccination affects brain development is unknown. Newborn C57BL/6 mice were injected intraperitoneally with HBV or phosphate-buffered saline. HBV induced impaired behavioral performances and hippocampal long-term potentiation at 8 weeks (w) of age without influence at 4 or 12w. **At 6w, there was decreased neurogenesis, M1 microglial activation and a neurotoxic profile of neuroimmune molecule expression** [increased tumor necrosis factor-α and reduced interferon (IFN)-γ, brain-derived neurotrophic factor and insulin-like growth factor-1] in the hippocampus of the HBV-vaccinated mice. In the serum, HBV induced significantly higher levels of interleukin (IL)-4, indicating a T helper (Th)-2 bias. Moreover, the serum IFN-γ/IL-4 ratio was positively correlated with the levels of neurotrophins and neurogenesis in the hippocampus at the individual level. **These findings suggest that neonatal HBV vaccination of mice results in neurobehavioral impairments in early adulthood by inducing a proinflammatory and low neurotrophic milieu in the hippocampus, which follows the HBV-induced systemic Th2 bias**."

## New Hepatitis B Vaccine Dynavax caused a seven times greater risk of heart attacks

An article dated August 02, 2017 from ***Med Page Today***, by Milton Packer M.D., calls into question the **potential increased risk of myocardial infarction (heart attack) from the new Hepatitis B drug Dynavax**. https://www.medpagetoday.com/Blogs/RevolutionandRevelation/67019

According to his bio on BaylorHealth.edu, "Dr. Packer is an internationally recognized clinical investigator who has made many seminal contributions to the field of heart failure, both in understanding its mechanisms and defining its rational management."

**According to Dr. Packer, "In the trial, an acute myocardial infarction occurred in 14 people in the Dynavax group, but in only one person receiving the conventional vaccine. The events were confirmed by adjudication. Since the Dynavax group was twice as large, the risk of acute myocardial infarction in the trial was seven times greater with the new vaccine**."

"Was it biologically plausible for the new vaccine to cause heart attacks? **The new adjuvant in the vaccine caused an inflammatory response (of uncertain duration), and inflammation is an important cause of rupture of atherosclerotic plaques**. So a causal linkage was not out of the question."

Dr. Packer abstained from voting as to whether the FDA should approve the vaccine, because he felt a much larger sample size was warranted before a definitive conclusion. "If you wanted to know if the 14:1 imbalance represented a real risk, you needed more information. You needed comparative data in 50,000 people. The fastest way of obtaining that evidence was through a post-marketing trial. **But a post-marketing trial was possible only if the vaccine was approved for public use**." *In other words, like in the infamous words of congresswoman Nancy Pelosi, when speaking about the Obama Health Care bill, AKA the Affordable Care Act, "But we have to pass the bill so that you can find out what is in it, away from the fog of the controversy," this is a similar scenario…we just have to approve the drug for market and do the expansive study on a much larger number of people. Then we can make a determination.*

*There's got to be a better way to determine safety and effectiveness, than put thousands of people's life at risk.*

I have a question. If 50,000 people get the Dynavax vaccine and the initial numbers are proved out, that means 125 people will have suffered a heart attack as a result. There's no telling how many of those will die as a result. But I guess that's the risks you take in the name of science! (note the sarcasm)

## Population adjusted data shows that deaths from Hepatitis B have gone up significantly since before the vaccine came to market in 1981

The **first graph** found at the link below, shows that the **number of cases of Hepatitis B** were 21,152 in 1981 when the vaccine was introduced, up from less than 2,000 in 1966. Cases then peaked in 1985 at around 27,000 and have been declining steadily ever since. As of 2013, the number of cases of Hep B were still higher than in 1966. More on this below.

The **second graph** shows the **death rate** for every year since 1979, when 260 people died from Hepatitis B. That was two years before the introduction of the Hepatitis B vaccine in 1981. Deaths then reached a peak in 1994, thirteen years after the introduction of the Hep B Vaccine at 1,120 deaths (a 431% increase from 1979). To be fair, the population in 1979 was 225 million and increased to 318.6 million by 2014, a 29% increase. **Even so, a 431% increase in deaths with only a 29% increase in population doesn't speak to any degree of success in mortality rates from the vaccine. Even as of 2010 (the last reported year on the chart), the death rate was still 588 annually, more than double the rate two years before the vaccine was first introduced.**

The **third graph** shows the **rates of vaccination coverage of children under 3 years old**. Those rates have been consistently **over 90% since 2002**, yet as just mentioned **the death rate in 2010 was still more than double what it was 31 years prior in 1979**.

**Graphs:** https://vaccines.procon.org/view.resource.php?resourceID=005968

**CDC chart of cases and death rates:** https://vaccines.procon.org/sourcefiles/cdc-reported-cases-and-deaths-from-vaccine-preventable-diseases.pdf

**So, how effective has the vaccination campaign against Hep B been since its inception in 1981? The population of the U.S. in 1966 was 196.6 million. By the year 2013 it had grown to 316.2 million, a 62% increase. There were 1,497 reported cases of Hepatitis B in 1966. In 2013, the number of cases was 3,050, or a 100% increase as compared to 1966. The point of showing you all of these statistics, is to demonstrate that after over 37 years of injecting adults and tens of millions of babies on their first day of birth and two more doses by their first birthday with the Hepatitis B vaccine, containing aluminum, formaldehyde, polysorbate 80 and other chemicals and biological compounds, the statistics are still worse than they were 15 years before the vaccine was ever introduced! And, at what cost financially and to the health of our children, and now our adult population? The madness of continuing**

**something that isn't working and the evidence showing that it is causing collateral damage, must stop!**

**Population statistics were obtained here:** http://www.multpl.com/united-states-population/table

## A Hepatitis B Vaccine Recombivax shortage in 2018, resulted in a 75% decrease in infant death rates

A computer system malware problem that infected Merck's computer systems caused a significant shortage of their Hepatitis B Vaccine Recombivax and cost Merck $670 million to remediate according the article published January 22, 2019, on the Children's Health Defense web site. https://childrenshealthdefense.org/news/mercks-recombivax-vaccine-shortage-causes-reduced-deaths-in-babies-a-natural-experiment/?utm_source=mailchimp

The CDC asked GalaxoSmithKline (GSK), to assist by providing their version of the Hepatitis B Vaccine Engerix-B to meet demands. Currently as of this update, the estimated return of Recombivax until the middle of 2019.

Interestingly Recombivax contains not one, but two different versions of aluminum adjuvant (potassium aluminum sulfate and amorphous aluminum hydroxyphosphate or AAHP), whereas Engerix-B only contains one (aluminum hydroxide). The AAHP version found in Recombivax has drawn significant scrutiny as being suspected to be much more reactogenic. In fact, the article I highlight after this section demonstrates the increased reactivity/toxicity of AAHP very well.

**From the article:**
"Following the cyber-attack in June 2017, for the first time in a very long time, researchers have the ability to view in plain sight, a natural experiment whereby one vaccine was abruptly swapped out for another – replacing the very adjuvant many critics are concerned about, AAHS – with an aluminum hydroxide adjuvant contained in Engerix-B. Neither has a published independent safety profile but AAHS is suspected to be more problematic due to its immunogenicity profile."

"We now have more than a year's worth of data to examine since the attack in 2017 when Engerix-B was introduced. On average there were 29 deaths reported annually for fifteen years prior to the attack (2003 to 2017). In 2018 there were only 6 reported (to end of November 2018). Two of those deaths followed Recombivax. Assuming the same death rate to the end of the year, at most there will be 7 deaths recorded, resulting in roughly 75% less deaths since Recombivax was discontinued as a pediatric vaccine."

Bear in mind that the data reported is from the Vaccine Adverse Event Reporting System (VAERS), which based on a CDC funded study reported earlier in this eBook showed that less than 1% of adverse reactions are reported through VAERS. Therefore with 99% of adverse reactions going unreported, one must take that into consideration when looking at VAERS tables.

The chart in the article shows Hepatitis B Vaccine "Reported" deaths from 2003-2018. There were on average, 29 deaths annually attributed to the Hep B Vaccine. Since the unavailability of Recombivax and the substitution of Engerix-B, there were only 6 reported in 2018, which a by far the lowest total since 2003. Injuries related to Hep B vaccines also reduced 50%, from an average of 1,400 reported annually to 756 in 2018.

It appears that the GSK Hep B Vaccine is safer than the Merck's Recombivax. The FDA should take a very close look at these associations and put a moratorium in the return of the Recombivax until a thorough investigation can be completed. To be clear, I do NOT endorse any Hepatitis B Vaccines given to children born of a Hepatitis B negative mother. Unless that baby is going to engage is unprotected sex or share dirty needles with another user, there is no risk of that baby contracting Hep B.

## 2018 study finds up to nearly 6 times greater chance of developing central nervous demyelinating disease like Multiple Sclerosis, in adults given the Hepatitis B vaccine, when compared to other vaccines

A 2018 study in the journal ***Drug Safety*** titled, **Central Demyelinating Diseases after Vaccination Against Hepatitis B Virus: A Disproportionality Analysis within the VAERS Database**, **finds that the incidence of central nervous system demyelinating diseases like Multiple Sclerosis are as much as 5.56 times greater of developing within 120 days after receiving the Hepatitis B vaccine when compared to other vaccines**. https://www.ncbi.nlm.nih.gov/pubmed/29560597

**From the study:**
"We calculated the proportional reporting rate (PRR) and reporting odds ratio (ROR) **of MS having occurred within the 120 days following HB immunization in adults aged 19-49 years when compared with other vaccines using the reports recorded in the VAERS database**."

"All computed ratios were found to be **statistically significant**, with PRRs ranging from **3.48 to 5.56** and RORs ranging from **3.48 to 5.62**. When considering the geographical origin, similar RORs were obtained for both US and non-US cases." ***(That translates into a 350-550% increase in developing central nervous system demyelinating disease like multiple sclerosis).***

"In VAERS, **MS cases were up to five times more likely to be reported after an HB vaccination than after any other vaccination**. Since DPA is mainly suited for hypothesis generation, further studies evaluating the nature of the link between MS and HB vaccination would be of considerable importance."

## High correlation with Multiple Sclerosis and the Hepatitis B Vaccine

Speaking of the vaccine connection to multiple sclerosis, this link will take you to a graph on the ***MedAlerts Blog (2014)***, that **shows a high correlation of multiple sclerosis with the Hepatitis B vaccine. You really have to see it to appreciate how dramatic it is.**

http://www.medalerts.org/analysis/archives/650

**From the page:**
"There aren't many VAERS cases that mention Multiple Sclerosis (only 1,116 out of the 480,754 cases). But of those cases, a whopping 682 are associated with a Hepatitis B vaccine (that's 61%). **If any vaccine is linked to multiple sclerosis, it's certainly Hepatitis B.**"

The site also shows and describes **how to create a graph from VAERS data, allowing the ability to identify which vaccine adverse events are associated with particular vaccines.** The site is designed and maintained by a computer scientist named **Steven H. Rubin PhD**. Dr. Rubin is not a medical professional. Instead, **he has over 40 years of experience as a computer scientist and knows how to decipher the numbers behind the statistics**. The about tab on his site explains about his experience and what he monitors.

## Research on the Hepatitis B Vaccine show convincing evidence for at least one of the ways it damages the brain

A 2015 study from the ***Journal of Neuroimmunology*** titled, **Neonatal vaccination with bacillus Calmette-Guérin and hepatitis B vaccines modulates hippocampal synaptic plasticity in rats**, identifies very specific ways that the Hepatitis B Vaccine can trigger brain pathology.
https://www.ncbi.nlm.nih.gov/pubmed/?term=26531688

## First, some definitions would be helpful…

**Cytokine-** A small protein released by cells that perform communication and regulatory functions, ie. cell signaling. They serve many roles. As they relate to inflammation, some are inflammatory in nature and some are anti-inflammatory in nature. This is important with regard to this discussion.

**HEALTHY/BENEFICIAL CYTOKINES**

**IFN-y** (Interferon Gamma), is a cytokine that helps regulate many beneficial immune functions.

**IL-4** is an Interleukin (IL), that plays a very important role in brain development and cognition.

**BDNF** (Brain Derived Neurotrophic Factor), is a nerve growth agent. It helps with neuroplasticity or rewiring and repairing the brain.

**IGF-1** (Insulin Like Growth Factor), is a hormone that mediates Growth Hormone, which is involved in childhood growth and anabolic (repair), effects in adults.

**UNHEALTHY/DETRIMENTAL CYTOKINES**

**IL-1B** is an inflammatory cytokine that can have many negative effects in the body including brain inflammation and activation of a shift in T-cells (immune cells), towards Th17. Th17 cells are implicated in the development of autoimmune disease.

**IL-6** is an inflammatory cytokine that is linked to numerous pathological states and diseases, including pain, autoimmune reactions and systemic inflammation. In appropriate small roles it has beneficial effects, but when over-stimulated can cause the aforementioned problems.

**TNF-a** (Tumor Necrosis Factor- alpha), is a major early inflammatory cytokine that also triggers other inflammatory and damaging chemicals including Reactive Oxygen Species (ROS), with are some of the most damaging pro-oxidants, causing oxidative stress and damage to healthy cells and tissue.

**BCG = Bacillus Calmette-Guérin**

**HBV = Hepatitis B Vaccine**

***The italicized comments in parentheses are mine**

## Now, from the abstract:

"Immune activation can exert multiple effects on synaptic transmission. **Our study demonstrates the influence of neonatal vaccination on hippocampal synaptic plasticity in rats** under normal physiological conditions. **The results revealed that neonatal BCG vaccination enhanced synaptic plasticity."** ***(good)*** **"In contrast, HBV hampered it.** Furthermore, we found that the cytokine balance shifted in favour of the T helper type 1/T helper type 2 immune response in BCG/HBV-vaccinated rats in the periphery. **The peripheral IFN-γ:IL-4 ratio was positively correlated with BDNF and IGF-1 in the hippocampus. BCG raised IFN-γ, IL-4, BDNF and IGF-1** ***"(good ones) "*****and reduced IL-1β, IL-6, and TNF-α"** ***(bad ones), "*** **in the hippocampus, whereas, HBV triggered the opposite effects."**

**In other words, the Hepatitis B Vaccine triggered all of the bad and none of the good cytokines, including in the hippocampus of the brain. The hippocampus is involved with learning, memory and emotions. If I'm not mistaken, we have been seeing a growing epidemic of these very types of neurodevelopmental dysfunction in our children, ironically matching the growing vaccine schedule over the last 30 years.**

## Hepatitis B vaccine at birth strongly correlates with increased infant death rates

An article published on the ***Children's Health Defense*** website on April 23, 2019 titled, **Japan Leads the Way: No Vaccine Mandates and No MMR Vaccine = Healthier Children** shows the chart below, that lists the top 20 countries in the world with the best infant mortality rates (2017 data), and whether they administer the Hepatitis B vaccine at birth like we do in the U.S. As you can see, there are only 3 of the top 20 countries with the lowest infant mortality rates that do. The only reason that those countries do, is that they have high rates of Hepatitis B. Refer to the section earlier in this book showing that the countries with the lowest number of total vaccine doses given to infants and children, also have the lowest infant and under age 5 mortality rates.

https://childrenshealthdefense.org/news/vaccines/japan-leads-the-way-no-vaccine-mandates-and-no-mmr-vaccine-healthier-children/

***See the chart below**

**Table 1. Hepatitis B Vaccine at Birth and Infant Mortality**

| RANK | COUNTRY | DEATHS PER 1,000 BIRTHS | YEAR | AUTOMATIC HepB VACCINE AT BIRTH | HepB AT BIRTH IF MOTHER IS HepB POSITIVE |
|---|---|---|---|---|---|
| 56 | United States | 5.8 | 2017 EST. | YES | |
| 20 | BELGIUM | 3.4 | 2017 EST. | NO | YES |
| 19 | AUSTRIA | 3.4 | 2017 EST. | NO | YES |
| 18 | LUXEMBOURG | 3.4 | 2017 EST. | NO | YES |
| 17 | ITALY | 3.3 | 2017 EST. | NO | YES |
| 16 | ANGUILLA | 3.3 | 2017 EST. | NO | YES |
| 15 | SPAIN | 3.3 | 2017 EST. | NO | YES |
| 13 | FRANCE | 3.2 | 2017 EST. | NO | YES |
| 12 | MACAU | 3.1 | 2017 EST. | YES* | |
| 11 | KOREA, SOUTH | 3.0 | 2017 EST. | NO | YES |
| 10 | HONG KONG | 2.7 | 2017 EST. | YES* | |
| 9 | CZECHIA | 2.6 | 2017 EST. | NO | YES |
| 8 | SWEDEN | 2.6 | 2017 EST. | NO | YES |
| 7 | BERMUDA | 2.5 | 2017 EST. | NO | YES |
| 6 | FINLAND | 2.5 | 2017 EST. | NO | YES |
| 5 | NORWAY | 2.5 | 2017 EST. | NO | NO |
| 4 | SINGAPORE | 2.4 | 2017 EST. | YES* | |
| 3 | ICELAND | 2.1 | 2017 EST. | NO | NO |
| 2 | JAPAN | 2.0 | 2017 EST. | NO | YES |
| 1 | MONACO | 1.8 | 2017 EST. | NO | YES |

***HIGHER INCIDENCE OF HEPATITIS B IN POPULATION**

Sources: Komatsu 2014; UNICEF Immunization Summary; Vaccination schedule recommended by the Japan Pediatric Society; Vaccine schedules in all countries of the European Union

**Look at the abysmal infant mortality rate for the U.S., 56th in the world! The U.S. also has the highest rates of infant and under age 5 vaccination in the world. Is there a connection? You decide.**

The Hepatitis B vaccine is not the only consideration when it comes to the association of vaccines and infant mortality. One also must consider the total number of vaccines given and the total number and "load" of vaccines with the deadly and neurotoxin aluminum. As mentioned previously, babies in the U.S. get 5,820 micrograms of aluminum from their vaccines by 18 months of age. In addition, Japan does not give pregnant women the TDaP or flu vaccines.

A 2008 article titled **Vaccine Excipients**, from the Japanese journal ***Nihon Rinsho, the Japanese Journal of Clinical Medicine,*** cited that the vaccines used in Japan are "highly purified". Could that be one of the reasons that Japan has been able to maintain a low infant mortality rate?

**The abstract:**

"Several substances other than antigens are included in vaccines. These are classified as follows: stabilizers, preservatives, buffer, adjuvants, antibiotics etc. Some of these substances, for example

gelatin and thimerosal, have been removed from vaccines because of their undesirable side effects. However, stability and sterility are very important conditions for vaccines. Therefore, removal of excipients from vaccines should be investigated very carefully. Impurities derived from culture substrates for bacteria and viruses should be reduced as much as possible. Japanese vaccines are highly purified. For example, influenza vaccines contain only a few ng/dose of OVA which are significantly lower than the WHO standards (5 microg/dose)."
https://www.ncbi.nlm.nih.gov/pubmed/?term=18939492

*OVA stands for Ovalbumin, the major protein constituent of chicken egg whites. It is a glycoprotein that is sufficiently large and complex to be mildly immunogenic and is widely used as an antigen for immunization research. It sounds like the Japanese have allegedly attempted to lower the levels of some of the excipients in vaccines to reduce the potential for adverse reactions. If that is the case kudos to them! My research has not been able to find additional information corroborating this however.*

As this information reveals, the policy on Hepatitis B vaccine for infants isn't the only reason for their low infant mortality rate. Some of these other factors are also likely involved. One must also take into consideration levels of environmental toxicity, nutrient values and levels in traditional diets, maternal prenatal care and levels of risk factors. No doubt, it is a complex issue.

Japan has gradually bent under pressure to "keep up with the Jones's" and catch up to other western countries with the numbers of vaccines on their schedule. They still recommend far less that in the U.S., but are slowly and hesitantly moving to add more. Japan now recommends 3 doses of the Hepatitis B vaccine starting at 2 months, 3 months and between 6 months and 1 year as "routine". Prior to that it was considered voluntary. That change became part of the schedule in October 2016. If the mother is Hep B positive, the infant would receive it at birth. The first Hep B shot at 2 months is better than on day 1, but not by much. It will be interesting to track Japan's Infant Mortality Rates in the future and see if there is a change in their ranking.

## The CDC calls for 3 Hepatitis B doses between birth and 18 months, but the makers of Pediarix (GlaxoSmithKline), says it's ok for them to have a 4th dose

Well that's just great. Another dose of aluminum and other components added to the CDC Schedule without the CDC actually adding it to their schedule. How does that work?

If you recall, Pediarix is a 5 vaccine in 1 shot combo vaccine for diphtheria, tetanus, pertussis, hepatitis B and poliomyelitis.

**According to page 3 of the Pediarix package insert:**
"**A 3-dose series of PEDIARIX may be administered to infants born of HBsAg-negative mothers and who received a dose of hepatitis B vaccine at or shortly after birth. However, data are limited regarding the safety of PEDIARIX in such infants [see Adverse Reactions (6.1)]."**

In this instance, one could add the additional estimated 250 mcg. of aluminum to the 5,825 mcg. babies already get in their first 18 months of life. That's just great. Children that follow that recommendation plus the CDC schedule are now getting 36 doses by 18 months, instead of 35. Awww, what's the difference? "It's only one more vaccine". Why not just pile more on!

So, I was curious about the adverse reaction section 6.1 that was mentioned after the recommendation that it was alright to administer a 3-dose series, after an infant had previously been given Hep B at or shortly after birth.

**And this is what it said….**
"**Safety of PEDIARIX after a Previous Dose of Hepatitis B Vaccine.**
**Limited data are available on the safety of administering PEDIARIX after a previous dose of hepatitis B vaccine. In 2 separate studies, 160 Moldovan infants and 96 US infants, respectively, received 3 doses of PEDIARIX following 1 previous dose of hepatitis B vaccine. Neither study was designed to detect significant differences in rates of adverse events associated with PEDIARIX administered after a previous dose of hepatitis B vaccine compared with PEDIARIX administered without a previous dose of hepatitis B vaccine."**

**WHAT? Why do the study then? What were they looking for if not differences in adverse reactions? That makes no sense whatsoever. I hate to sound cynical, but is it possible that the data just got buried?**

# The Varicella (Chickenpox) Vaccine- Ineffective and poses other health risks

## The chickenpox vaccine is not only ineffective, but results in a more severe manifestation for adults called shingles

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4363126/ This article from the ***Journal of Human and Experimental Toxicology*** titled, **Vaccination to prevent varicella: Goldman and King's response to Myers' interpretation of Varicella Active Surveillance Project data, states that not only is the chickenpox vaccine ineffective and inefficient, it also has contributed to the dramatic rise in adult shingles cases. It also suggests that since not as many children are contracting chickenpox which would provide lifelong immunity, the temporary immunity provided by the vaccine not only requires regular booster shots but allows the virus to remain dormant in the body until much later in life when it can manifest itself as herpes zoster or what's more commonly known as shingles. Shingles can be a very painful and debilitating condition especially in the elderly**.

**From the study:**

"…the protection provided by varicella vaccination is **neither lifelong nor complete**. **Moreover, dramatic increases in the incidence of adult shingles cases have been observed since HZ (herpes zoster), was added to the surveillance in 2000."**

"**Unfortunately, costs associated with increases in adult HZ far outweigh any medical and societal savings associated with varicella epidemiology**, especially considering the additional costs associated with (1) the adoption of the two-dose childhood varicella vaccination protocol, (2) the increased hospitalizations due to increased shingles recurrences, and (3) the necessary addition of a shingles vaccine to boost protection in adults who previously received natural exogenous boosts at no cost from children shedding VZV in the community."

**And in conclusion: "When the costs of the booster dose for varicella and the increased shingles reoccurrences are included, the universal varicella vaccination program is neither effective nor cost-effective."**

**Oh, but of course now the pharmaceutical industry has cashed in on convincing people that they need the Shingles vaccine. A brilliant strategy. Sell them something that causes something else and then sell them that something else, for the sickness that the thing they sold you in the first place caused. Confused yet? Me too. It can make your head spin!**

**It is similar to the statin drugs given for high cholesterol. One of the common side effects in men is erectile dysfunction or E.D. But guess what? The same manufacturers of the statin drugs have an answer to that. Yes, E.D. drugs! A ready-made market and a "convenient" and available solution. Cha-ching! Just like the polypharmacy issue discussed earlier, the business of managing symptoms leads to the cyclical downward spiral of drug overuse.**

## Scientists find a correlation between persons that have had chickenpox and a lower risk of glioma (brain cancer)

***The American Journal of Epidemiology*** published an article in 1997 titled, **Does prior infection with varicella-zoster virus influence risk of adult glioma? The article found that people that have had chickenpox have less than half the incidence of glioma**. Glioma's comprise about 30 percent of all brain tumors and 80 percent of all malignant brain tumors. https://www.ncbi.nlm.nih.gov/pubmed/9098175

**From the abstract:**
"To evaluate a possible association between varicella-zoster virus infection and glioma, the authors asked adults with glioma (n = 462) whose tumors were diagnosed between August 1, 1991, and March 31, 1994, and age-, sex-, and ethnicity-matched controls (n = 443) about their histories of **chickenpox or shingles. Cases were significantly less likely than controls to report a history of either chickenpox (odds ratio = 0.4, or shingles (odds ratio = 0.5**."

"This suggests that adults with glioma were less likely than controls either to have had prior varicella-zoster virus infection or to have an immunoglobulin G antibody response adequate to indicate positivity."

It has been shown that **people who are vaccinated against chickenpox, have a greater chance of developing shingles when they are older**. Because the immune response is much stronger to the natural infection and those people when older being exposure to children with the natural virus (effectively giving them a booster), the chances of a shingles outbreak go down dramatically. Vaccinating produces a milder response that doesn't last as long. **Plus the fact that children no longer carry the virus, prevents older people from getting that natural booster and preventing them from contracting the shingles.** The virus moves into the nerve bundles along the spine where is lays dormant, essentially hibernating and later manifests as shingles. This is when it is much more severe.

## The United Kingdom does not include the Chicken Pox vaccine in their vaccination schedule because of the negative effects on the population as a whole

According to the ***U.K. National Health Service*** (NHS), **there are negative effects to vaccinating children that are significant enough to warrant eliminating the Chicken Pox vaccine from the NHS immunization schedule**. On their website, a page titled **Why aren't children in the UK vaccinated against chickenpox?,** details the reasons for that.
https://www.nhs.uk/chq/Pages/1032.aspx?CategoryID=62

### From the site:

"The chickenpox vaccine is not part of the routine UK childhood vaccination programme because chickenpox is usually a mild illness, particularly in children.

There's also a worry that introducing chickenpox vaccination for all children could increase the risk of chickenpox and shingles in adults."

**Chickenpox in adults**

"In adults, chickenpox tends to be more severe and the risk of complications increases with age.

If a childhood chickenpox vaccination programme was introduced, people would not catch chickenpox as children because the infection would no longer circulate in areas where the majority of children had been vaccinated.

This would leave unvaccinated children susceptible to contracting chickenpox as adults, when they are more likely to get a more serious infection, or in pregnancy, where there is a risk of the infection harming the baby."

**Shingles in adults**

"We could also see a significant increase in cases of shingles in adults.

Being exposed to chickenpox as an adult – for example, through contact with infected children – boosts your immunity to shingles.

If you vaccinate children against chickenpox, you lose this natural boosting, so immunity in adults will drop and more shingles cases will occur."

## The benefit of the Chickenpox vaccine is short lived and increases the risk of hospitalization (by 10-15 times) and death (by 20 times) in older people

**Another important question I have touched on already is, how effective are vaccines at imparting long-term immunity? And what are the vaccine caused consequences of suppressing the body's ability of creating life-long immunity by contracting the illness as a child and delaying it until adulthood?**

An article was published in the ***Journal Vaccine*** in 2012 titled, **Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost-effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data**, cites the usually benign naturally acquired chickenpox providing long-tern immunity as superior to the temporary immunity of the vaccine variety, which they say has compromised the protection of the population afforded by the natural immunity. The authors claim this shifts the disease to an older population, which increases the risk of death by 20 times and hospitalization by 10-15 times. This article has 168 references. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3759842/pdf/main.pdf

**Conclusion-** "Prior to the universal varicella vaccination program, **95% of adults experienced natural chickenpox (usually as pre-school to early elementary school children)—**these cases were usually benign. In the prelicensure *(vaccine)* era, the periodic exogenous boosting that adults received from those shedding VZV resulted in long-term immunity. (*Meaning that adults who had previously contracted chicken pox were exposed to children with it, it would boost their natural immunity).* This high percentage of seropositive individuals and their long-term immunity **have been compromised by the universal varicella vaccination of children which provides at best 70–90% protection that is temporary and of unknown duration—shifting chickenpox to a more vulnerable adult population which**, as Dr. Jane Seward cautioned in 2007, **carries 20 times more risk of death and 10–15 times more risk of hospitalization compared to chickenpox in children**. Thus, the proponents for universal varicella vaccination have failed to consider increased HZ-related morbidity as well as the adverse effects of both the varicella and HZ vaccines which have more than offset **the limited benefits** associated with reductions in varicella disease. The universal varicella (chickenpox) vaccination program **now requires a booster vaccine for children and an HZ vaccine to boost protection in adults. However, these are less effective** than the natural immunity that existed in communities prior to licensure of the varicella vaccine. **Hence, rather than eliminating varicella in children as promised, routine vaccination against varicella has proven extremely costly and has created continual cycles of treatment and disease.**"

## The Chickenpox Vaccine damages true herd immunity and leads to more cases of the much more serious adult Chickenpox and Shingles

According to Tony Bark M.D. in an interview for the Movie ***Bought***, "When I was a resident in pediatrics I was told, "we'll never promote this vaccine, this vaccine will never be a recommended or mandated vaccine **because all vaccines come with risks and Chickenpox is so risk-free**."

"The problem with that vaccine is **there are many more deaths from the vaccine then we would have seen from Chickenpox because now what we've done is we've shifted the burden of disease from Chickenpox to shingles**."

"What a lot of doctors don't even understand is that Chickenpox, like pertussis, needs to be in the environment so we can be constantly exposed and the constant exposure maintains our antibodies which keeps us from getting Shingles. Which is why when I was a young kid the only people that got Shingles we're very old people because they weren't exposed to young children anymore."

"If you're out in the environment and you're exposed to the population at large and young people, you are exposed to Chickenpox, or you were exposed to Chickenpox and it kept your antibodies adequate to suppress Shingles from coming out."

In another interview from ***Bought***, ***Suzanne Humphries, M.D.*** a Board Certified Internal Medicine and Nephrologist said, "Most people know Chickenpox is a pretty benign entity, now we're vaccinated for Chickenpox and, "hey, the vaccines working, we're not seeing as much Chickenpox" right, so that seems like a good thing."

"However, what we're seeing more of now is Shingles because those us adults who need to be exposed to ongoing Chickenpox through children, aren't. So, we're not getting those natural boosters and so what happens is our immunity level starts to drop. This is happening both in children and adults now."

"I don't think this is an overall benefit. The UK is not using that vaccine, they have looked into the danger of Chickenpox and the cost-effectiveness of vaccinating the entire population and they have decided not to implement that in their vaccine schedule."

"**There are other countries as well who have decided not to use the Chickenpox vaccine. United States is one of the most heavily vaccinated countries. South Korea comes close and our childhood chronic disease rates are actually also among the highest**."
http://www.boughtmovie.com/bought-movie-bonus-short-chickenpox/

**In case you think I am not concerned about vulnerable and weak children and individuals, you are wrong. The truth is that most of the diseases we immunize for that are still in existence even in societies with better sanitation, nutrition, hygiene and living conditions are only dangerous to those with impaired immune systems. If proper diet, nutritional supplementation and lifestyle management was employed for all persons, including children and especially at-risk individuals, many of them**

**would either never contract these diseases, or would easily be able to fight it and beat it in short order (leaving them with life-long immunity). Therefore, in the long run they would be better off immunologically for it. I believe in conveyance of lifelong immunity from contracting the wild viral strains of these infectious diseases and the natural booster effect in the population from later being around children with the infection, who are establishing their own immune competency as a result. You can find my strategies at the end of this document for building and maintaining a strong and healthy immune system.**

# Shingles vaccine not any better

## Zostavax shingles vaccine, can cause shingles, loss of vision, and many other adverse side effects and has been found to be very ineffective

http://info.cmsri.org/the-driven-researcher-blog/merck-admits-shingles-vaccine-can-cause-eye-damage-and-shingles

The **Children's Medical Safety Research Institute** **(CMSRI)** is the source of this article. They are a medical and scientific collaborative established to provide research funding for independent studies on causal factors underlying the chronic disease and disability epidemic.

**From the article:** "**Two important FDA approved changes to the warning label of Merck Pharmaceutical's shingles vaccine, Zostavax**, have been made since the controversial drug was introduced in 2006. The first was in August 2014, when, **in addition to potentially causing chickenpox, another side effect was added: shingles! That's right. The vaccine that had been – and continues to be -- aggressively marketed to prevent seniors from contracting this excruciating condition was found to actually cause shingles in some individuals**."

"In February of this year, the FDA approved a label change **to warn those who prescribe the Zostavax vaccine of another potential side effect: "Eye Disorders: necrotizing retinitis**.""

"This disorder, as well as keratitis, causes inflammation and scarring of the eye tissue and **can lead to permanent vision loss** if not treated quickly. It was reported by WebMD 20 individuals (children and adults) developed keratitis within a month of receiving a chickenpox or shingles vaccine. Keratitis symptoms for adults developed within 24 days of vaccination, while symptoms in children began within 14 days of vaccination."

## Zostavax is extremely INNEFFECTIVE according to a UCLA Study

"According to the authors of a Health Sciences Institute (HSI) article in January 2016, "UCLA researchers found that **only one in 175 people who get the vaccine will be able to dodge a shingles flare-up**." **While Merck claims Zostavax is 50% effective, in the placebo group, 3.3 percent of the study**

**participants developed shingles, compared to 1.6 percent in the vaccine group. So, while that is a 50% difference, the real, absolute risk reduction is just 1.7 percentage points**."

**In fact, there are law firms representing people that have been damaged by Zostavax that have launched class action lawsuits to help them recover damages.**

# The MMR vaccine- Tainted research and increased risk of developmental problems including autism

In addition to what you are about to read (and there's a lot!), there are numerous examples of problems posed by the MMR vaccine contained in many studies throughout this document. This 3-vaccine combo has so much riding on it for the vaccine industry and the CDC as you will see. It has become second only to the polio vaccine as the holy grail of the vaccination "religion". Well, I am about to blow that perception right up. They have gone all-in to make this their shining example of "safety and effectiveness", even to the extent of ruining careers and lying to cover up results of studies showing the relationship with the MMR and autism. Is the MMR the sole cause for the dramatic increases in autism? I don't believe it is the sole cause, but at the point where mercury was being phased out of most vaccines, vaccines like the MMR which include human fetal DNA fragments, neuroexcitatory agents, antibiotics with questionable safety profiles and recombinant human albumin were on the rise.

On page 590, I have included an article that I wrote titled **The Measles Vaccine Narrative is Collapsing**. It will provide you with the 5 main pro-measles and measles vaccine talking points repeated ad nauseum in the pharma-controlled media. Then I will dismantle their assertions one by one, using contemporary published peer-reviewed science, U.S. Government historical facts and even information from the CDC itself.

**Other relevant MMR articles related to this section are presented on pages 340-346 and 357-359 among many others. I recommend that you re-visit those sections after viewing this one.**

## The MMR Cover-up and Scandal

### Former Chief Scientific Officer fears the MMR vaccine causes serious risk of brain damage and implicates a cover-up by "powerful" people

http://www.dailymail.co.uk/health/article-376203/Former-science-chief-MMR-fears-coming-true.html
This article from ***The Daily Mail***, titled **Former science chief: 'MMR fears coming true'** features ***Dr. Peter Fletcher***, **the former Chief Scientific Officer at the *Department of Health* in Great Britain**. **Dr. Fletcher also served as the Medical Assessor to the Committee on Safety of Medicines, meaning he was responsible for deciding if new vaccines were safe.**

**According to Dr. Fletcher, "the refusal by governments to evaluate the risks properly will make this one of the greatest scandals in medical history**". He added that after agreeing to be an expert witness on drug-safety trials for parents' lawyers, he had received and studied thousands of documents relating to the case which he believed the public had a right to see. **He said he has seen a "steady accumulation of evidence" from scientists worldwide that the measles, mumps and rubella jab is causing brain damage in certain children. But he added: "There are very powerful people in positions of great authority in Britain and elsewhere who have staked their reputations and careers on the safety of MMR and they are willing to do almost anything to protect themselves**."

He first expressed concerns about MMR in 2001, saying safety trials before the vaccine's introduction in Britain were inadequate. **Now he says the theoretical fears he raised appear to be becoming reality. He said the rising tide of autism cases and growing scientific understanding of autism-related bowel disease have convinced him the MMR vaccine may be to blame. "Clinical and scientific data is steadily accumulating that the live measles virus in MMR can cause brain, gut and immune system damage in a subset of vulnerable children," he said.**

"**But it is the steady accumulation of evidence, from a number of respected universities, teaching hospitals and laboratories around the world, that matters here. There's far too much to ignore. Yet government health authorities are, it seems, more than happy to do so."**

**'Dr Fletcher said he found "this official complacency utterly inexplicable" in the light of an explosive worldwide increase in regressive autism and inflammatory bowel disease in children, which was first linked to the live measles virus in the MMR jab by clinical researcher Dr Andrew Wakefield in 1998. "When scientists first raised fears of a possible link between mad cow disease and an apparently new, variant form of CJD they had detected in just 20 or 30 patients, everybody panicked and millions of cows were slaughtered," said Dr Fletcher. "Yet there has been a tenfold increase in autism and related forms of brain damage over the past 15 years, roughly coinciding with MMR's introduction, and an extremely worrying increase in childhood inflammatory bowel diseases and immune disorders such as diabetes, and no one in authority will even admit it's happening, let alone try to investigate the causes. "He said there was "no way" the tenfold leap in autistic children could be the result of better recognition and definitional changes, as claimed by health authorities**. "It is highly likely that at least part of this increase is a vaccine related problem." he said. "But whatever it is, why isn't the Government taking this massive public health problem more seriously?"

## The Bombshell Revelation, that scientists at the CDC falsified data on the MMR trials to cover up an association between the MMR vaccine and autism.

I mentioned Dr. William Thompson in the previous section. Dr. Thompson was a senior scientist and researcher with the CDC and involved with Dr. Frank DeStefano (also just mentioned), as co-authors of the now infamous study by the CDC seemingly "proving" a lack of connection between the MMR vaccine and autism. The 2004 study was titled, **MMR vaccine and autism: an update of the scientific evidence**, and published in ***Expert Review of Vaccines***. **This seminal study attempting to finally put the question**

**about the connection between autism and the MMR shot to rest, has been rocked by allegations from Dr. Thompson that the he and the researchers had "cooked the books". To Dr. Thompson's credit, after 13 years his conscience finally got the best of him. Dr. Thompson has admitted that the researchers had changed criteria and the methods of the study in order to skew the results. He said they also collaborated to destroy documents to hide the evidence, that showed when the MMR shots were given to African American boys given the vaccine before 36 months, on the vaccine timetable, they had a 250% greater risk of developing autism. According to Dr. Thompson, in 2002 they brought in large trash cans and required all of the researchers to bring the data they were holding showing the association with the increase in autism and throw them into the cans for destruction**.

**Fortunately, Dr. Thompson felt uneasy about the fraud and kept copies of the original documents, which he has turned over the Brian Hooker, an investigative reporter**.

The following is from an article about Dr. Thompson and his revelations published on the web site of an organization named ***A Choice for Choice***. Their mission statement states: A Voice for Choice promotes people's rights to make fully informed choices and know the composition, quality and short and long-term health effects of food and pharmaceutical products. http://avoiceforchoice.org/cdcwhistleblower/

**"Dr. William Thompson stated:**
***"I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed."***

***"My concern has been the decision to omit relevant findings in a particular study for a particular sub group for a particular vaccine. There have always been recognized risks for vaccination and I believe itis the responsibility of the CDC to properly convey the risks associated with receipt of those vaccines."***

"**Dr. William Thompson is an author of two of the three epidemiological studies…touted by the CDC to "prove" the safety of Thimerosal. He is also coauthor of the the CDC's…2004 [DeStefano] study…which dismissed the link between the MMR vaccine and autism. That study has been cited in 91 subsequent published studies, and is one of the principal cornerstones for claims by the CDC and the vaccine industry that vaccines do not cause autism. Thompson now confesses that he and his fellow CDC researchers found a strong autism signal in children who received the MMR vaccine before their third birthday…Under orders from their bosses…the scientists eliminated this data from the final published study." (Vaccine Whistleblower – Exposing Autism Research Fraud at the CDC, by Kevin Barry, Esq., with a Foreword by Robert F. Kennedy, Jr., JD, LLM, xiv)**

"In calls with Dr. Brian Hooker, Dr. William Thompson admits to the widespread fraud at the CDC. **The full transcripts of the conversations between Dr. Brian Hooker and Dr. William Thompson can be read in the** Vaccine Whistleblower – Exposing Autism Research Fraud at the CDC, by ***Kevin Barry, Esq***., with a Foreword by ***Robert F. Kennedy, Jr., JD, LLM***."

"**The CDC claims to be an 'independent' watchdog, but by definition, it is a private corporation working on behalf of its stakeholders, which include key players in the pharmaceutical and vaccine industries that profit from the spread of disease, not from real prevention and cures. The CDC and pharmaceutical companies are marketing medications, including vaccines, for profit over people's health**."

## A re-analysis of the same data that the lead scientist preserved after being ordered to destroy it, reveals the increased rates of autism shown in the original study before it was allegedly "altered"

A 2014 study published the Journal ***Translational Neurodegeneration*** titled, **Measles-mumps-rubella vaccination timing and autism among young African American boys: a reanalysis of CDC data**, reveals the data that caused the alleged whitewash in the previous section.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150057/

**From the Abstract:**
**Background:**
"A significant number of children diagnosed with autism spectrum disorder suffer a loss of previously-acquired skills, suggesting neurodegeneration or a type of progressive encephalopathy with an etiological basis occurring after birth. **The purpose of this study is to investigate the effect of the age at which children got their first Measles-Mumps-Rubella (MMR) vaccine on autism incidence. This is a reanalysis of the data set, obtained from the U.S. Centers for Disease Control and Protection (CDC), used for the Destefano et al. 2004 publication on the timing of the first MMR vaccine and autism diagnoses**."

**Methods:**
"The author embarked on the present study to evaluate whether a relationship exists between child age when the first MMR vaccine was administered among cases diagnosed with autism and controls born between 1986 through 1993 among school children in metropolitan Atlanta. The Pearson' s chi-squared method was used to assess relative risks of receiving an autism diagnosis within the total cohort as well as among different race and gender categories."

**Results:**
"**When comparing cases and controls receiving their first MMR vaccine before and after 36 months of age, there was a statistically significant increase in autism cases specifically among African American males who received the first MMR prior to 36 months of age. Relative risks for males in general and African American males were 1.69 (p=0.0138) and 3.36 (p=0.0019), respectively. Additionally, African American males showed an odds ratio of 1.73 (p=0.0200) for autism cases in children receiving their first MMR vaccine prior to 24 months of age versus 24 months of age and thereafter**."

**From the study body:**

"MMR vaccine before and after 18 months, 24 months and 36 months of age. Destefano et al. [14] found a statistically significant relative risk of 1.49 (95% confidence interval [CI]: 1.04 – 2.14) at the 36 month cut- off (i.e., in a comparison of children receiving the MMR before versus after 36 months). **Rather than concluding that the first MMR vaccine could be playing a causal role in autism in these children, the study authors instead attributed the increased risk to greater numbers of autistic children receiving timely vaccinations in order to participate in State of Georgia special education services**."

"In this paper, we present the results of a cohort study using the same data from the Destefano et al. [14] analysis. The focus of the current study is differences in results in specific gender and race groups.

**Conclusions:**
"**The present study provides new evidence of a statistically significant relationship between the timing of the first MMR vaccine and autism incidence in African American males. Using a straight-forward, Pearson's chi-squared analysis on the cohort used in the Destefano et al. [14] (CDC) study, timing of the first MMR vaccine before and after 24 months of age and 36 months of age showed relative risks for autism diagnoses of 1.73 and 3.36, respectively**."

**Brian Hooker is the author of this article and is also the person that William Thompson, the lead researcher on that infamous MMR study, contacted to disclose the CDC cover-up. Brian Hooker is a researcher and was able to re-analyze the data from the original dataset that Dr. Thompson provided him.**

**Interestingly, this article has since been retracted by the publisher.**
**The statement by the publisher:** "The Publisher of this article [1] has serious concerns about the validity of its conclusions because of possible undeclared competing interests of the author and peer reviewers. The matter is undergoing investigation. In the meantime, readers are advised to treat the reported conclusions of this study with caution. Further action will be taken, if appropriate, once our investigation is complete."

**Since this seems to be another is a string of retracted articles questioning the safety and efficacy of vaccines in the last couple years, one has to wonder if there is not a concerted effort to silence any opposing viewpoints. We'll have to see if the trend continues.**

## MMR Vaccine licensing called into question after a Freedom of Information Act Request (FOIA) reveals weaknesses in the clinical trials

Freedom of Information Act requests are the latest ways to obtain information related to vaccine safety and oversight and appear to be highly effective in producing documentation that has previously been kept hidden from the public.

According to Del Bigtree, the Informed Consent Action Network (ICAN) founder and host of the weekly fact-based medical news show "The HighWire… "It's alarming that an appeal was required to get this information, but it's more alarming that every time ICAN prevails in obtaining a FOIA disclosure from the FDA, CDC or HHS, we learn about another serious shortcoming in their duties to assure Americans' health and health care."

The MMR vaccine is at the heart of the vaccine debate. **The following are some of the key facts learned from the clinical trial reports produced by the FDA, which the agency relied upon to license the MMR:**

- There were eight clinical trials that in total had **less than 1,000 individuals, out of which only 342 children received the MMR vaccine**
- The safety review period **only tracked 'adverse events' for 42 days after injection**
- **More than half or a significant percent of all participants in each of the eight trials developed gastrointestinal symptoms and upper respiratory infections**
- **All adverse events** were generically described as 'other viruses' **and not considered** in safety profile of licensure
- **The control group received other vaccines for either rubella or measles and rubella, and none of the controls received a placebo (an inert substance such as a saline injection)**

Bigtree, an Emmy-Award winning producer, and director of the documentary "Vaxxed: From Coverup to Catastrophe," says the reason for increased vaccine hesitancy is not unreasonable fear, but a growth in awareness of the corruption, secrecy and obvious overt propaganda surrounding vaccines and the pharmaceutical industry. https://finance.yahoo.com/news/mmr-vaccine-licensing-called-following-131500482.html

***In addition to the last 4 pages, revisit pages 342-346 and 358-361 for more information on tainted research and conflicts of interest on the MMR Vaccine**

## The MMR vaccine connected with numerous health related issues

**This next article that was highlighted in the section on autoimmunity and is worth revisiting here:**

### Study finds a strong association between the measles component of the MMR and antibody reaction resulting in central nervous system autoimmunity

This study published in the ***Journal of Biomedical Sciences*** in 2002 titled, **Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism**, describes a statistically significant correlation between laboratory findings of an unusual MMR antibody specific only to the measles

component of the vaccine in 60% of autistic children and none of the controls (non-autistic children). https://www.ncbi.nlm.nih.gov/pubmed/12145534

**The abstract:**
"Autoimmunity to the central nervous system (CNS), especially to myelin basic protein (MBP), may play a causal role in autism, a neurodevelopmental disorder. Because many autistic children harbor elevated levels of measles antibodies, we conducted a serological study of measles-mumps-rubella (MMR) and MBP autoantibodies. Using serum samples of 125 autistic children and 92 control children, antibodies were assayed by ELISA or immunoblotting methods. ELISA analysis showed a significant increase in the level of MMR antibodies in autistic children. Immunoblotting analysis revealed the presence of an unusual MMR antibody in 75 of 125 (60%) autistic sera but not in control sera. This antibody specifically detected a protein of 73-75 kD of MMR. This protein band, as analyzed with monoclonal antibodies, was immunopositive for measles hemagglutinin (HA) protein but not for measles nucleoprotein and rubella or mumps viral proteins. Thus the MMR antibody in autistic sera detected measles HA protein, which is unique to the measles subunit of the vaccine. Furthermore, over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, **suggesting a strong association between MMR and CNS autoimmunity in autism**. Stemming from this evidence, we suggest that **an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism**."

## Primate study concludes that vaccines can significantly alter brain volume and influence behavior including abnormal social interaction and absence of facial and body expression

A 2010 study from the journal ***ACTA Neurobiologiae Experimentalis*** titled, **Influence of pediatric vaccines on amygdala growth and opioid ligand binding in rhesus macaque infants: A Pilot Study**, finds some very disturbing brain alterations in primate infants following the MMR, DTaP and Hib vaccine schedule. https://www.ncbi.nlm.nih.gov/pubmed/?term=20628439

**From the abstract:**
**"**These results suggest that maturational changes in amygdala volume and the binding capacity of DPN in the amygdala **was significantly altered in infant macaques receiving the vaccine schedule**. **The macaque infant is a relevant animal model in which to investigate specific environmental exposures and structural/functional neuroimaging during neurodevelopment**."

**From the article:**
"When neonatal macaques received lesions to the amygdala they **showed increasing socio-emotional disturbances including abnormal social interaction, absence of facial and body expression, and stereotypic behaviors**."

"**These results raise the possibility that multiple vaccine exposures during the previous 3-4 months may have had a significant impact on brain growth and development. However, for the amygdala, volumetric and DPN binding differences between groups appeared to be a function of more recent**

**vaccine exposures, the primary MMR vaccine and the DTaP and Hib boosters given between T1 and T2."** *(T1 stands for Time 1, which correlates with 4 months of age. T2 stands for Time 2, which stands for 6 months of age).* "The functional observations on the differential avidity of the amygdala for DPN after vaccine exposure are novel and require further study. **Interestingly, a rapid increase in total brain volume between 6 and 14 months is generally considered to be a consistent finding for many children with an Autism Spectrum Disorder (ASD)**…"

**"In the present study, amygdala volumes were significantly increased in the vaccine exposed animals relative to the unexposed animals at T2."**

**"The data suggest that vaccine exposure may be associated with significant disturbances in central opioidergic pathways in this model."**

**This study shows obvious and significant changes in brain morphology and behavioral function and as they say, is interestingly similar to those found in Autism Spectrum Disorder.**

## Japan banned the MMR shortly after it was introduced due to high rates of complications

According to an article posted on the Daily Mail website titled, Why Japan banned MMR Vaccine, the complications far exceeded the projected rates of adverse reactions.

**From the article:**
"Government health chiefs claim a four-year experiment with it has had serious financial and human costs."

"Of the 3,969 medical compensation claims relating to vaccines in the last 30 years, a quarter had been made by those badly affected by the combined measles, mumps and rubella vaccine, they say."

"The triple jab was banned in Japan in 1993 after 1.8 million children had been given two types of MMR and a record number developed non-viral meningitis and other adverse reactions."

"Official figures show there were three deaths while eight children were left with permanent handicaps ranging from damaged hearing and blindness to loss of control of limbs.

"The British Department of Health said Japan had used a type of MMR which included a strain of mumps vaccine that had particular problems and was discontinued in the UK because of safety concerns.
The Japanese government realised there was a problem with MMR soon after its introduction in April 1989 when vaccination was compulsory. Parents who refused had to pay a small fine."
"An analysis of vaccinations over a three-month period showed one in every 900 children was experiencing problems. This was over 2,000 times higher than the expected rate of one child in every 100,000 to 200,000."

"The ministry switched to another MMR vaccine in October 1991 but the incidence was still high with one in 1,755 children affected. No separate record has been kept of claims involving autism."

## Japan Leads the Way: No Vaccine Mandates and No MMR Vaccine = Healthier Children

In another related story, this is the headline of an April 23, 2019 article on the ***Children's Health Defense*** website. It contrasts the abysmal infant mortality and under age 5 mortality rates of the U.S. with Japan's, which are rated among the best in the world.
https://childrenshealthdefense.org/news/vaccines/japan-leads-the-way-no-vaccine-mandates-and-no-mmr-vaccine-healthier-children/

**From the article:**
"The U.S. has the very highest infant mortality rate of all industrialized countries, with more American children dying at birth and in their first year than in any other comparable nation—and more than half of those who survive develop at least one chronic illness."

"American children would be better served if these officials—before imposing questionable and draconian measures—studied child health outcomes in Japan. With a population of 127 million, Japan has the healthiest children and the very highest "healthy life expectancy" in the world—and the least vaccinated children of any developed country. The U.S., in contrast, has the developed world's most aggressive vaccination schedule in number and timing, starting at pregnancy, at birth and in the first two years of life. Does this make U.S. children healthier? The clear answer is no. The U.S. has the very highest infant mortality rate of all industrialized countries, with more American children dying at birth and in their first year than in any other comparable nation—and more than half of those who survive develop at least one chronic illness. Analysis of real-world infant mortality and health results shows that U.S. vaccine policy does not add up to a win for American children."

"In 1994, Japan transitioned away from mandated vaccination in public health centers to voluntary vaccination in doctors' offices, guided by "the concept that it is better that vaccinations are performed by children's family doctors who are familiar with their health conditions." The country created two categories of non-compulsory vaccines: "routine" vaccines that the government covers and "strongly recommends" but does not mandate, and additional "voluntary" vaccines, generally paid for out-of-pocket. Unlike in the U.S., Japan has no vaccine requirements for children entering preschool or elementary school."

"Here are key differences between the Japanese and U.S. vaccine programs:

- Japan has *no* vaccine mandates, instead recommending vaccines that (as discussed above) are either "routine" (covered by insurance) or "voluntary" (self-pay).
- Japan does *not* vaccinate newborns with the hepatitis B (HepB) vaccine, unless the mother is hepatitis B positive.
- Japan does *not* vaccinate pregnant mothers with the tetanus-diphtheria-acellular pertussis (Tdap) vaccine.
- Japan does *not* give flu shots to pregnant mothers or to six-month-old infants.

- Japan does *not* give the MMR vaccine, instead recommending an MR vaccine.
- Japan does *not* require the human papillomavirus (HPV) vaccine."

"Unlike Japan, the U.S. administers flu and Tdap vaccines to pregnant women (during any trimester) and babies receive flu shots at six months of age, continuing every single year thereafter. Manufacturers have never tested the safety of flu shots administered during pregnancy, and the FDA has never formally licensed any vaccines "specifically for use during pregnancy to protect the infant."
This clearly shows that vaccine mandates are not only unnecessary but will lead to a further degradation of our life and health expectancies of not only our children, but our population as a whole."

"Japan initially recommended the HPV vaccine but stopped doing so in 2013 after serious health problems prompted numerous lawsuits. Japanese researchers have since confirmed a temporal relationship between HPV vaccination and recipients' development of symptoms. U.S. regulators have ignored these and similar reports and not only continue to aggressively promote and even mandate the formerly optional HPV vaccine beginning in preadolescence but are now pushing it in adulthood. The Merck-manufactured HPV vaccine received fast-tracked approval from the FDA despite half of all clinical trial subjects reporting serious medical conditions within seven months."

## Measles hysteria, another example of irrational fear mongering

### Statistical manipulation is one of the most deceitful methods the vaccine/medical industry's tactics for misleading the public

**The big lie about 1 death in 1,000 measle cases.**

We are hearing all over the media that the death rate for measles is 1 in 1,000 cases, So what's the lie by omission and the truth according to the CDC's own statistics?

In 1962 BEFORE the vaccine was introduced, there were just over 400,000 measles cases REPORTED annually and about 400 deaths due to complications of the measles. That equates to about 1 death in 1,000 REPORTED cases. Yet, the CDC says that there may have been as many as 4 million cases annually. That equates to 1 death in 10,000 cases. Therefore, the word omitted by design in media stories in order to spread public fear, is the word REPORTED.

**So, what's the big deal?**

A 1,000 percent difference! That is a BIG deal! If the media were to tell you that 10,000 children came down with the measles and we later found out that it was only 1,000, wouldn't that be considered a significant exaggeration? My point is that when a statistic is repeated over and over as a fact and an incredibly significant word is omitted to increase the fear factor and gin up a level of hysteria, it is not only disingenuous, it is a sure indication of the corrupt nature of the whole agenda.

Cases that are REPORTED are typically the ones where medical intervention is required. They are the worst of the worst. To understand the context, one must understand that in the 1950's and 1960's

EVERY child got measles. There was on average, over 4 million children born annually. Therefore, I would contend that there must have been over 4 million cases annually in the late 1950's and early 1960's. In fact, the CDC's website even admits that prior to the introduction of the vaccine there were 3-4 million cases of measles annually. (https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html). I still contend that based on population statistics of births, it was at least 4 million.

**Why weren't cases often reported?**

If you are a younger person, ask your parents or grandparents about the measles. They will tell you that measles was no big deal, and everyone got them. As a result of their benign nature, 90% of kids with measles just stayed home from school for a few days and never went to the doctor. That's why 90% of those cases were never REPORTED cases! Hence the big deception in the "1 in 1,000" death reports. They "forgot" to tell you it was 1 in 1,000 REPORTED cases.

Another consideration with the way serious complications and death statistics are reported is, where do the statistics they are reporting come from geographically? Where is measles the deadliest? The answer: In third-world countries where children suffer from severe malnutrition, terrible sanitation and waste management, contaminated water supplies, etc. Where their immune systems are incredibly weak and fragile. That certainly is NOT the case here in the U.S. So, I wonder are they citing that 1 in 1,000 statistic as the death rate in these impoverished nations and therefore intentionally misleading the American public? Are they using the worst of the worst and implying that the death rate would be that here, to build support for their mass immunization campaigns in the U.S.? That is just another example of another possible way to lie by stats.

This is a screen shot of the report on Good Morning America by Dr. Jennifer Ashton, their medical correspondent, on April 15th, 2019.

Her reading of these stats clearly indicated the worst. She said, "One to two in 1,000 children will die of measles." "…2017, over 100,000 people worldwide died of measles. We take this seriously." Are these 1962 stats and you are conveniently leaving out the "of REPORTED cases"? Or, are these third-world country stats of 1 in 1,000 total cases and applying them to the cases here in the U.S. in order to spread fear? And thirdly, who is the "we" Dr, Ashton? If you are referring to the we as being the World Health Organization and its efforts in third-world impoverished nations, that's great and I get it. It the "we" is you doctors here is the U.S. and your "heroic effort" to save us from measles, you are misleading the public and WAYYYY overstating any need for your intervention and your arrogant agenda driven

coercion of the masses. History will judge your flawed paradigm and your indifference towards the toxicity and health problems caused by the vaccines you promote, especially in genetically susceptible individuals. In fact, history already has judged you. It's just that people like you are suppressing the truth with the power of media dollars and censorship of information. But in the end, the facts will come to light and the Truth Will Prevail!

The historical reality that no one seems to ever mention in the media, is that **according to US Vital Statistics reports over the course of the 20th century, measles deaths had declined by 99.4% BEFORE the vaccine was ever introduced**. But we all know if we listen to media reports at all, vaccines get all the credit. It wasn't advances in nutrition, sanitation and waste disposal, access to clean water, personal hygiene education, public health measures, and Vitamin fortification of foods. Thank God for the vaccine industry because they saved us! LOL

**What about measles benefits? Why is that never mentioned?**

When every child got the measles, that infection imparted a natural LIFE-LONG immunity which was boosted when aging adults were exposed to children that had the measles. That is an example of true herd immunity. Because mothers had acquired wild measles when they were children, they had sufficient antibodies passed on to their babies that would protect them during the first few months of their lives. That is when they are most susceptible to complications. Vaccination has damaged this natural protective effect, putting newborns at higher risk of complications if they were to contract the measles. According to the CDC, the vaccine is not safe to be administered before about 12 months. And now, research is showing that measles and other childhood illnesses may protect us from cancer and other serious diseases as we age. More and more studies are emerging in recent years that suggest a link between naturally acquired measles infection and a reduced risk of Hodgkin's and non-Hodgkin's lymphomas, a reduced risk of atopic diseases such as hay fever, eczema and asthma and a lower risk of mortality from cardiovascular disease in adulthood.

Interestingly, the use of the measles virus to attack and destroy cancer is getting attention. Mayo Clinic Researchers as reported in Mayo Clinic Proceedings, used the measles virus as "virotherapy" to "explode" a tumor and stimulate the immune system to clean up the debris, as reported by Mayo Clinic Researcher Dr. Angela Dispenzieri. This presents and interesting and promising approach for treatment of certain tumors. https://www.cybermedlife.eu/index.php/health1/5345-measles-is-a-natural-cancer-killer

Another thing to remember when citing stats from before the advent of the first measles vaccine in 1963, is that was nearly 60 years ago. Our ability to prevent complications for illness and treat viral illness has come light years in the past 6 decades. It is just speculation, but I would bet that the 1 death in 10,000 total cases from 1960, would be more like 1 in 30,000 or less in today's age of nutritional knowledge and medical treatments that could be employed for the few serious cases. If we even used the World Health Organization's strategy of using vitamin A to reduce the complications for measles here in the U.S. as they have done so successfully in the highest risk populations, it would protect our own children even more. But you don't hear that recommendation on Good Morning America. It doesn't fit the narrative.

Now, I recognize that 1 death is one too many, but my fear is that we are trading a low mortality illness for dozens of chronic diseases including cancers, neurological and autoimmune conditions, not to

mention numerous behavioral and learning problems that are robbing our youth of their ultimate potential in life. The rates of these autoimmune, neurological, behavioral and learning conditions have increased sharply in parallel with the ever-increasing vaccine schedule over the last 60 years (from 5 doses of vaccines by age 18 to 72…and 35 of those are given by 18 months of age). Currently approximately 1 in 30 children have autism (from 1 in 10,000 back then) and 1 in 4 children suffers from some form of neurodevelopmental, behavioral or learning problem. Additionally, 1 in 6 Americans suffers from some form of autoimmune disease another pattern of increased incidence that has tracked with the vaccine schedule.

**Measles Vaccine Risks**

Not only that, but despite what we are commonly told the vaccine itself does pose risk. As reported on the ***National Vaccine Information Center's*** website**…"As of November 30, 2018, there have been more than 93,179 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 459 related deaths, 6,936 hospitalizations, and 1,748 related disabilities."** References are included in the article at https://www.nvic.org/vaccines-and-diseases/measles/measles-vaccine-injury-death.aspx

Considering the CDC funded study I covered earlier, showing that only less than 1% of all vaccine adverse reactions are ever reported, you can add two zeros after those reported reactions numbers to attain a more accurate number. https://www.ncbi.nlm.nih.gov/pubmed/?term=26060294

**From the CDC's website:**
"Before 1963, approximately 500,000 cases and 500 deaths were reported annually, with epidemic cycles every 2–3 years. However, the actual number of cases was estimated at 3–4 million annually." *(with over 4 million live births annually and virtually everyone getting measles I contend that the real number is at least 4 million)* "More than 50% of persons had measles by age 6, and more than 90% had measles by age 15. The highest incidence was among 5–9-year-olds, who generally accounted for more than 50% of reported cases." https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html

Unfortunately, now we are seeing measles cases in older and older children and young adults when they can be much more severe. Another wonderful ramification of tinkering with mother nature. I'm sure their solution will to add another dose of MMR…and then another…and then another…

## CBS Austin report cites a vaccine spokesperson, who uses fear mongering and unfounded statements- Contrast what he says to what you just learned

In a report dated January 26, 2017 CBS Austin quotes vaccine spokesperson Dr. Peter Hotez as he makes some outrageous comments obviously designed to incite fear.
http://cbsaustin.com/news/local/texas-doctor-sounding-alarm-about-potential-measles-outbreak

**From the report:**
Vaccinations and your family's safety are taking center stage at the State Capitol as a Texas doctor sounds the alarm about a potential measles outbreak.

"What we've seen in Texas in the last few years is a very alarming trend," Dr. Peter Hotez said.

Dr. Hotez is a vaccine scientist and the dean of the National School of Tropical Medicine at Baylor College of Medicine in Houston. He says he's worried about more and more Texas families opting out of vaccines.

"It could allow a measles epidemic to take hold," Dr. Hotez said. "Measles, I can't emphasis enough, is a deadly and serious disease."

The magic number is 90 percent. Dr. Hotez says if the immunity numbers drop below that it could trigger an outbreak and babies under one year of age would be most at risk.

"Then if you've a mother or a parent with a young baby you have to be terrified about going into shopping malls or going into public libraries or any public space because you're worried your baby is going to get measles," Dr. Hotez said.

(**End of article contribution)**

Talk about a case of exageritis! I think we should look at some of the facts about measles, including their historic incidence and mortality rates prior to and post the introduction of the measles vaccine.

## Dr. Hotez accused of bullying parents of vaccine injured children in an article posted on the National Vaccine Information Center's (NVIC) web site

In an excellent article posted by Barbara Loe Fischer, mother of a vaccine injured child and founder of the NVIC on March 10, 2018 is titled, **Baylor's Doc Hotez Bullies Parents of Vaccine Injured Children**.

**From the article:** "According to an article in the *Duke Chronicle*, Peter Hotez, MD, PhD gave a global health lecture at Duke University in which he called on medical scientists to "engage the public" to promote more financial investment into the development of more vaccines."

"Apparently, he also called on them to counter what he labeled as the "anti-vaccine movement," which he believes has been "propelled" because "anti-vaccine websites exist with names such as the National Vaccine Information Center." The article reported that Dr. Hotez castigated politicians from the "peace, love, granola" political left, who believe that "we have to be careful what we put into our kid's bodies," and politicians from the political right, who tell doctors like him "you can't tell us what to do with our kids."

But Dr. Hotez reserved the bulk of his venom for parents of vaccine injured children. Like a schoolyard bully who engages in name calling when he can't come up with anything intelligent to say, he slapped the label "anti-vaccine" onto parents of vaccine injured children speaking about what happened to their children after vaccination. Then, he went further and viciously accused those parents of hating their children:

"Anti-vaccine organizations camouflage themselves as a political group, but I call them for what they really are: a hate group," Hotez said. "They are a hate group that hates their family and hates their children."

"This is not the first time that Dr. Hotez has revealed his prejudice against parents, who disagree with him about the safety of vaccines and one-size-fits-all mandatory vaccination policies. In 2017, in *Scientific American* magazine, Dr. Hotez said that "an American anti-vaccine movement is building" and called on the U.S. government and G20 nations to "take steps now to snuff it out." [9] To "snuff out" means to "crush or kill."

So where is Dr. Hotez coming from? According to the article, he is "A vaccine developer, a former president of the Sabin Vaccine Institute and director of the Texas Children's Center for Vaccine Development…" He has and continues to make large sums of money on vaccines. Need I say more?

"Prestigious universities like Baylor and Duke, which receive substantial funding from government health agencies to develop and test new vaccines, should have a minimum standard of conduct for professors, whether they are employed to teach students or perform research. Engaging in defamatory speech and using violent imagery to call on governments to "snuff out" people for exercising freedom of thought, speech, conscience and religious belief does not meet even a minimum standard for civil conduct."

"Regardless of what vaccine developers and forced vaccination proponents like Dr. Hotez choose to do, the National Vaccine Information Center (NVIC) will continue to publish well referenced information on NVIC.org is anchored with links to the CDC, FDA, NIH, National Academy of Sciences, vaccine manufacturer package inserts, articles published in the medical literature, state vaccine laws and other information resources to assist those making educated decisions about vaccination for themselves and their minor children. We will continue to provide a forum for Americans to testify about their personal experiences with vaccination, and we will continue to defend the legal right to exercise freedom of thought, speech, conscience, religious belief and informed consent, all of which have been recognized internationally as human rights."

References in the article online at https://www.nvic.org/NVIC-Vaccine-News/March-2018/doc-hotez-bullies-parents-vaccine-injured-children.aspx#_edn1

## The Physicians for Informed Consent has published excellent position papers on the measles and the MMR Vaccine, using rational fact-based statistics

The ***Physicians for Informed Consent***, is a non-profit organization whose stated mission is the following; *"The mission of Physicians for Informed Consent is to unite doctors for informed consent in vaccination, and educate the public on infectious disease, the immune system, and informed consent."*

**Measles; what parents need to know**
https://physiciansforinformedconsent.org/wp-content/uploads/2018/09/Measles-DIS.pdf

**MMR Vaccine; Is it safer than measles?**
https://physiciansforinformedconsent.org/wp-content/uploads/2018/05/MeaslesVRS.pdf

**FAQs: THE MEASLES, MUMPS AND RUBELLA (MMR) VACCINE VS. MEASLES**
https://physiciansforinformedconsent.org/wp-content/uploads/2019/05/PIC_MMRVaccine-vs-Measles-FAQs-2019.pdf

# The measles vaccine is also largely ineffective

## The majority of measles cases can occur in vaccinated individuals

In an article title, **Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons**, and published in the ***Archives of Internal Medicine***, found that outbreaks of measles occur primarily in immunized children.
https://www.ncbi.nlm.nih.gov/pubmed/?term=8053748

**From the article:**
"**We found 18 reports of measles outbreaks in very highly immunized school populations where 71% to 99.8% of students were immunized against measles**. Despite these high rates of immunization, 30% to 100% (mean, **77%) of all measles cases in these outbreaks occurred in previously immunized students.**"

**Conclusion: "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons. Because of the failure rate of the vaccine and the unique transmissibility of the measles virus, the currently available measles vaccine, used in a single-dose strategy, is unlikely to completely eliminate measles."**

## Vaccine failure of two different types cause vaccinated individuals to be unprotected

A 1995 paper published in ***Clinical Microbiology Reviews*** titled, **Measles Control in the United States: Problems of the Past and Challenges for the Future,** demonstrates that outbreaks can occur in highly vaccinated populations and that the demographics have changed since the pre-vaccine era, whereby children under age 1 and late teen to young adults are more at risk. These populations tend to have more severe cases of measles than elementary school age children which was the predominant age that children used to contract wild measles. Infants are more at risk due to decreased maternal antibodies in vaccinated mothers as compared to mothers that have had wild measles. And late teen and young adults are more at risk due to waning antibody levels.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC172858/

**From the study:**

"Before the introduction of the measles vaccine in 1963, **400,000 to 500,000 cases were reported** and **an estimated 5 million cases of measles occurred in the United States annually**."

"**From 1985 to 1988** there were a median of 47 outbreaks among school-age populations and only 8 outbreaks among preschool populations; **42% of the affected children had been appropriately vaccinated for measles.**"

"**In 1989, the majority of reported cases were in school-age or college-age individuals** and a minority were in preschool children."

"During the 1989 to 1991 epidemic, **the attack rate for children under 1 year of age in urban communities reached 119/100,000, the highest of any age group**." *(Again, this age group is the most vulnerable to serious consequences. When everyone got the measles, women had high antibody titers for life and their babies benefited from that. Vaccines have changes all that making infants much more vulnerable to the measles).*

"**Approximately 80% of the affected school-age children were appropriately vaccinated**. **Studies have documented that epidemics of measles can be sustained in school-age populations despite their having very high vaccination rates. For example, an outbreak of measles was sustained in two Texas schools when only 4.2% of the students were seronegative** before the epidemic." *(This means 95.8% of children had vaccine induced antibodies to measles)*

In these outbreaks that paper looked at, the first reason that was given was listed as **Primary Vaccine Failure**. **This is where the recipient does not respond to the vaccine. That happens in approximately 1 out of 20 , or 5% of cases.**

The second reason given is called **Secondary Vaccine Failure**. **This is where antibodies produced in response to the vaccine wane over time**. "A second possible reason for epidemics of measles among highly vaccinated populations is the waning of immunity with time."

## Twice vaccinated persons still susceptible to infection

A 2014 study titled, **Outbreak of measles among persons with prior evidence of immunity, New York City, 2011**, published in the ***Journal of Clinical Infectious Diseases*** discusses cases of infected persons that had been previously immunized against measles.
https://www.ncbi.nlm.nih.gov/pubmed/?term=24585562

Results: "The index patient had 2 doses of measles-containing vaccine; of 88 contacts, 4 secondary patients were confirmed who had either 2 doses of measles-containing vaccine or a past positive measles IgG antibody."

## 130% more cases of measles in 2 dose recipients

An article published in the ***Journal of Infectious Diseases*** in 2013, titled **Largest measles epidemic in North America in a decade--Quebec, Canada, 2011: contribution of susceptibility, serendipity, and superspreading events**, discovered that a large percentage of measles cases had been vaccinated. https://www.ncbi.nlm.nih.gov/pubmed/?term=23264672

**From the report:**
"There were 21 measles importations and 725 cases. A superspreading event triggered by 1 importation resulted in sustained transmission and 678 cases. The overall incidence was 9.1 per 100,000; the highest incidence was in adolescents 12-17 years old (75.6 per 100,000), who comprised 56% of case patients. Among adolescents, 22% had received 2 vaccine doses. Outbreak investigation showed this proportion to have been an underestimate; **active case finding identified 130% more cases among 2-dose recipients."**

Quebec has had very high vaccination rates historically. The MMR vaccine coverage for 2 doses has been at 90% by 28 months of age. This study stated, that those between the ages of 12-17 "comprised 56% of case patients". Considering there were 678 total cases, 56% is 380 cases. If the 2-dose MMR coverage is 90%, that means that approximately 342 of those teenagers that got the measles had received 2-doses of MMR earlier in life. The fact that a combination of ineffectiveness and waning (wearing off) in 10-15 years, speaks very poorly for the effectiveness of the vaccine and suggests that it leaves older children susceptible at an age when measles can be more serious.

## Vaccinated individuals can contract and spread the measles

A 1998 study from the ***American Journal of Epidemiology*** titled, **Explosive school-based measles outbreak: intense exposure may have resulted in high risk, even among revaccinees.** https://www.ncbi.nlm.nih.gov/pubmed/9850133

**The Abstract:**
"**Even high levels of measles vaccination coverage have not always prevented outbreaks of measles spread by airborne transmission**. It has been suggested that a large inoculum might increase vaccine failure risk. Airbome transmission might occasionally entail a large measles inoculum. The epidemiologic relevance of measles among properly vaccinated persons (i.e., those vaccinated after 15 months of age and with live attenuated virus) is increased when they become contagious. The authors studied inoculum intensities as measured by proxy variables and the contagiousness of properly vaccinated persons who contracted measles among 51 measles patients infected in one school, at home, or elsewhere, utilizing preexisting records of measles cases and 214 healthy controls from an explosive school outbreak that occurred in a rural Finnish municipality in 1989. **One "super-spreader" infected 22 others in one day, including eight once-vaccinated students and one twice-vaccinated student**, probably during an assembly of 144 students in a poorly ventilated hallway with no sunlight. **Those infected later at home had high measles risk, even if they were revaccinees. When siblings shared a bedroom with a measles case, a 78 percent risk (seven out of nine children) was observed among vaccinees**. Vaccinees had approximately 2 days' shorter incubation time than unvaccinated persons. **Vaccinated and unvaccinated students were equally able to infect their siblings. Total protection**

**against measles might not be achievable, even among revaccinees, when children are confronted with intense exposure to measles virus**."

## The measles vaccine has a high rate of failure as evidenced by the high number of fully vaccinated individuals contracting measles in "outbreaks"

A 2017 article from the ***Journal of Clinical Microbiology*** titled, **Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR**, discussed the failure of the measles vaccine to protect from the measles virus. https://jcm.asm.org/content/jcm/55/3/735.full.pdf

Using advanced genomic typing technology to differentiate between wild measles and vaccine strain measles, has revealed that in a high percentage of those cases, the strain of the virus causing their infection was the vaccine strain.

**From the article:**
"During the measles outbreak in California in 2015, a large number of suspected cases occurred in recent vaccinees. Of the 194 measles virus sequences obtained in the United States in 2015, 73 were identified as vaccine sequence."

## Measles, mumps and Rubella rates can remain high even with 99% vaccination coverage

A 2014 study published in ***PLoS One*** titled, **Difficulties in eliminating measles and controlling rubella and mumps: a cross-sectional study of a first measles and rubella vaccination and a second measles, mumps, and rubella vaccination**, verifies the waning effect on MMR antibody titers.

**From the Study:**
**"The reported coverage of the measles-mumps-rubella (MMR) vaccine is greater than 99.0% in Zhejiang province. However, the incidence of measles, mumps, and rubella remains high."**
https://www.ncbi.nlm.nih.gov/pubmed/24586717

## High rates of vaccine failure have been recognized for decades

A 1994 article from the ***South African Medical Journal*** titled, **The 1992 measles epidemic in Cape Town--a changing epidemiological pattern**, reports on an outbreak in which a very high percentage of children contracting measles had been vaccinated. https://www.ncbi.nlm.nih.gov/pubmed/?term=7740350

**From the Abstract:**
"Investigation of the outbreak at one school revealed that the attack rate was 7.6% (25/329 children). **Immunisation coverage (at least one dose of any measles vaccine) was 91% and vaccine efficacy was estimated to be 79% (95% CI 55-90); it was highest for monovalent measles (100%) and lowest for**

**measles-mumps-rubella (74%)**. The epidemiology of measles in Cape Town has thus changed as evinced in this epidemic, **with an increase in the number of cases occurring in older, previously vaccinated children. The possible reasons for this include both primary and secondary vaccine failure**."

## Measles continue to "strike back" even in populations with high vaccine coverage

A 2019 article from the ***Journal of Korean Medical Science*** titled, **The Measles Strikes Back**, discusses some of the problems contributing to measles outbreaks in highly vaccinated populations.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6374549/

**From the Article:**
"In Korea, large-scale measles catch-up vaccination was conducted on 5,860,000 children aged 8–16 years with low measles antibody levels through a measles immunodynamic study in 2001 because of a massive measles epidemic in 2000–2001. Since then, the measles-mumps-rubella (MMR) inoculation rate was maintained at 95% or more in children. And measles elimination was approved by World Health Organization in 2014 after a keep-up program to confirm MMR second vaccination before admission."

"However, as in other countries with high measles coverage rates, small-scale epidemics have been repeated in Korea since 2013. This was due to the import of measles from other countries. These events have also been reported in other countries where measles elimination has been confirmed.
Even after the global high rate of measles vaccination has been maintained, **the recurrence of small-scale epidemics has been attributed to factors such as vaccine cold chain handling issues, age-related vaccination policies, individual waning immunity or suboptimal immunity, and heavy exposure**.
Despite the high rate of measles vaccination, the common cause of measles epidemics is that **measles neutralizing antibodies are reduced to less than protective immunity after more than 10 years after the second dose of measles vaccine**. It is natural that they become vulnerable to measles if they are not given additional vaccination with low antibody. Therefore, there is a need for countermeasures against this problem."

## Parents who vaccinate their children for MM & R should have the option for a titer test after the first dose to see if there is sufficient "protection"

In a May 20, 2019 letter to the editor of the ***British Medical Journal***, **John Stone**, UK Editor for ***AgeofAutism.com***, makes an excellent case for giving parents the ability to have their children's measles antibody levels tested, so that they can opt out of an unnecessary second dose. An example he cites is a New Jersey Law that called Holly's Law, named after five year old Holly Marie Stavola who died of encephalopathy she developed seven days after receiving her second dose of MMR vaccine.
https://www.bmj.com/content/365/bmj.l1932

**His comments:**
"In regards to vaccine hesitancy and the measles, mumps and rubella (MMR) vaccine, why are parents not being offered the opportunity to have an antibody titre test for their children after the first dose of live MMR vaccine, rather than being coerced to have what is likely to be an arbitrary second dose?

In regards to measles vaccination, the US Advisory Committee on Immunization Practices (ACIP) report on MMR vaccination (June 2013) admits that: "The second dose of measles-containing vaccine primarily was intended to induce immunity in the small percentage of persons who did not seroconvert after vaccination with the first dose of vaccine (primary vaccine failure)."

According to this information from the US ACIP, it appears most children are being over-vaccinated with the second dose of MMR vaccine.

Many cautious parents who might be averse to unnecessarily over-vaccinating their children might be willing to pay for the option of antibody testing to check immunity after the first dose of this live vaccine combination, why are they being denied this evidence-based option?

It's notable that in the state of New Jersey in the United States, the health department provides information on antibody titre testing. The Antibody Titer Law (Holly's Law) allows parents to seek testing to determine a child's immunity to measles, mumps and rubella before receiving the second dose of MMR vaccine: https://www.state.nj.us/health/cd/documents/antibody_titer_law.pdf

The Antibody Titer Law was enacted in response to the death of five year old Holly Marie Stavola who died of encephalopathy which she developed seven days after receiving her second dose of MMR vaccine: http://www.hopefromholly.com/hollys-story/

Why aren't we all allowed to have the option of antibody titre testing?

Information on antibody titre testing generally continues to be withheld from parents and other individuals, citizens are not being properly informed about this option instead of an arbitrary second dose of MMR vaccine. This is a serious infringement of citizens' right to 'informed consent' before this medical intervention."

## Antibody levels of fully vaccinated individuals shown to decline rapidly over time

A 2017 article from the journal ***Vaccine*** titled, **An increasing, potentially measles-susceptible population over time after vaccination in Korea**, finds that the antibody levels and seropositivity of fully vaccinated individuals is declining.
https://www.sciencedirect.com/science/article/pii/S0264410X17308551

**Results:**
"The overall seropositivity and measles antibody concentrations were 71.5% and 1366 mIU/mL, respectively. **Progressive decline in antibody levels and seropositivity were observed over time after vaccination in infants, adolescents, and young adults**. **The accumulation of potentially susceptible individuals in the population was confirmed by comparing data from 2010 and 2014 seroprevalence**

**surveys**. The statistical correlation between measles incidence and measles seronegativity was determined."

**Conclusions**
"**Waning levels of measles antibodies with increasing time post-vaccination suggests that measles susceptibility is potentially increasing in Korea. This trend may be related to limitations of vaccine-induced immunity in the absence of natural boosting by the wild virus, compared to naturally acquired immunity triggered by measles infection.** This study provides an important view into the current measles herd immunity in Korea."

## Vaccine immunity against measles wanes as early the teenage years

A 2000 article from the journal ***Epidemiology and Infection*** titled, **Secondary measles vaccine failures identified by measurement of IgG avidity: high occurrence among teenagers vaccinated at a young age**, once again presents the problem of rapidly decreasing protection from the measles vaccine. The mean age of subjects tested in this study was 16.2 years.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2810910/

**From the Abstract:**
"**Failure to seroconvert (primary vaccine failure) is believed to be the principal reason (approx. > 95%) why some vaccinees remain susceptible to measles** and is often attributed to the persistence of maternal antibodies in children vaccinated at a young age."

"**Secondary measles-vaccine failures are more common than was more previously thought, particularly among individuals vaccinated in early life, long ago, and among re-vaccinees. Waning immunity even among individuals vaccinated after 15 months of age, without the boosting effect of natural infections should be considered a relevant possibility in future planning of vaccination against measles**."

## A 2016 measles outbreak in an Arizona detention facility in vaccinated individuals

A 2018 study from the journal ***Clinical Infectious Diseases*** titled, **Measles Outbreak at a Privately Operated Detention Facility: Arizona, 2016,** reported a very high rate of infection in previously vaccinated persons. Vaccination status for most detainees was unknown, but because of the high rates of vaccination in their countries of origin (>90%), it was assumed that the vast majority had been vaccinated. In addition, laboratory testing was performed on confirmed cases and revealed that approximately 9 out of 10 were previously vaccinated against measles and were cases of vaccine failure. Of the 9 staff member infected, 4 were previously vaccinated, 2 were unvaccinated and 3 had unknown vaccination status. This demonstrates a very poor rate of protection from the MMR Vaccine.
https://academic.oup.com/cid/article/68/12/2018/5106985#124256187

**Results.** "We identified 32 measles case-patients (23 detainees, 9 staff); rash onsets were during 6 May–26 June 2016**. High IgG avidity and neutralizing-antibody titers >40 000 to measles (indicating reinfection) were identified in 18 (95%) and 15 (84%) of 19 tested case-patients, respectively**."

*High IgG avidity means that the person was previously vaccinated and that the vaccine had failed (see the next paragraph).*

***According to the article*:** "Additionally, because the vaccination status of most case-patients was unknown, a subset of specimens (based on availability of sera) were sent to the CDC for avidity and plaque reduction neutralization (PRN) testing to determine whether case-patients were unvaccinated, primary, acute case-patients; primary vaccine failures (failure to seroconvert); or secondary vaccine failures (waning immunity). **IgG avidity measures antibody binding force**, which is low after the first exposure to an immunogen, but increases (affinity maturation) over time, **such that unvaccinated persons or primary–vaccine-failure case-patients would have low-avidity IgG antibodies, whereas secondary–vaccine-failure case-patients would have high-avidity IgG antibodies**."

**Conclusions.** "**Although ARs were low, measles outbreaks can occur in intense-exposure settings, despite a high population immunity…**"

This is a very interesting microcosm of what happened in the late 19th century and early 20th century in large cities in the U.S. and Europe as I described earlier in this document. Not only were the overcrowded, unsanitary and impoverished conditions ripe for spread of disease, but under those disgusting conditions, casualty rates were very high also. These modern-day detention centers are no doubt more sanitary and the employees and detainees much better fed and hydrated with access to clean water, as compared to the tenement houses in that era. Yet, the mere fact that they are overcrowded and as the conclusion states, "intense exposure settings", contributed to a high rate of transmission. Fortunately, as a result of the relatively good living conditions and better nutritional status in the detention center, the rates of complications and mortality are far better than a century ago, or in third-world countries today for that matter.

## A 2018 study from the journal Vaccine, shows that the MMR Vaccine's protection decreases up to nearly 10% annually, even after the second dose

A 2018 article published in the journal ***Vaccine***, titled, **Measles, mumps, and rubella antibody patterns of persistence and rate of decline following the second dose of the MMR vaccine**, states that the immunity wanes significantly each year after vaccination.
https://www.ncbi.nlm.nih.gov/pubmed/29317117

**From the Abstract:**
"**One-month post-MMR2**, **geometric mean titer (GMT) to measles was high** (3892 mIU/mL), **but declined on average 9.7% per year** among those with the same baseline titer and <2-fold increase post-MMR2. Subjects with ≥2-fold **experienced a slower decline (≤7.4%). GMT to rubella** was 149 **one month post-MMR2, declining 2.6% and 5.9% per year among those who received MMR1 at 12-15 months and >15 months, respectively**. **GMT to mumps one month post-MMR2 was 151, declining 9.2% per year**".

Sources vary as to the length of time that the MMR provides immunity. Most claim between 10 and 20 years for measles and rubella, with the mumps much less. **News reports in early 2019 were claiming that the CDC says that the measles vaccine provides life-long immunity. That is confirmed on the CDC's website here:** https://www.cdc.gov/vaccines/vpd/mmr/hcp/about.html

**Considering that this study found between an approximate 7.5% to 10% ANNUAL decline in measles antibodies, that doesn't give one much confidence in the ability to be protected years down the road. In fact, 7 years after the second dose of MMR a person may only have a 10-25% chance of being "protected", and nearly 0% after 10 years. That certainly contradicts the CDC's claim of life-long immunity doesn't it?**

## Wild type measles infection provides better protection against the various measles subtypes than the measles vaccine

In a 2000 study published in the ***Journal of Medical Virology*** titled, **Resistance of recent measles virus wild-type isolates to antibody-mediated neutralization by vaccinees with antibody**, researchers found significant differences in antibody protection to various strains of the measles in women that had contracted wild measles. https://www.ncbi.nlm.nih.gov/pubmed/?term=10935994

**From the abstract:** ("Late convalescent" refers to the women with the wild measles induced immunity)

"…12 of the 22 *(55%)* late convalescent sera, and only 6 of 24 *(25%)* vaccinees neutralized all viruses. Similarly, **only 2 of 20** *(10%)* **viruses were not neutralized by at least 75% of late convalescent sera**, **in comparison to 10 of 20** *(50%)* **viruses that resisted neutralization by at least 75% of the vaccinees.**"

"One Nigerian virus **was resistant** to neutralization **by 30% of the late convalescent women** and **by 75% of vaccinees."**

## Waning antibodies for MMR protection confirmed by the Journal of Infectious Diseases

A 2012 study from the ***Journal of Infectious Diseases*** titled, **Waning antibody levels and avidity: implications for MMR vaccine-induced protection,** found that the antibodies from the MMR vaccine waned over time, with the mumps component performing the poorest of the three. https://www.ncbi.nlm.nih.gov/pubmed/22966129

**From the Abstract:**
"**The antibody avidity indexes were high for measles and rubella but low for mumps. Twenty years after a second MMR vaccination, antibody levels for all 3 viruses waned**."

"Measles and rubella induced high-avidity antibodies and mumps induced low-avidity antibodies after both vaccination and natural infection. **Waning of both the concentration as well as the avidity of antibodies might contribute to measles and mumps infections in twice-MMR-vaccinated individuals**." *(Avidity refers the strength of binding between an antibody and an antigen)*

### Measles antibodies wane within a few years of the second dose of MMR

A 2007 article from the journals ***Archives of Pediatric and Adolescent Medicine*** titled, **Persistence of measles antibodies after 2 doses of measles vaccine in a postelimination environment,** found that declining neutralizing measles-antibody titers were detected in both kindergarteners and middle schoolers, 5 years and 10 years after a secondary vaccine dose (2814 decreased to 641 mIU/ml, and 1672 decreased to 737 mIU/ml, respectively). https://www.ncbi.nlm.nih.gov/pubmed/17339511

**From the article:**
"**Many studies have suggested that vaccine induced immunity is persistent, perhaps even lifelong, but most were performed in an era when boosting from wild-type virus was common**. Some investigators have raised concerns that, in the absence of such boosting, waning immunity may produce a population of susceptible persons sufficient to sustain renewed measles transmission. **Because measles tends to be more severe clinically among adults, progressive waning immunity might have important clinical and public health consequences**."

"Projections suggest that **the proportion of persons with low antibody levels may increase over time**."

**The results from this article support the fact that vaccines have destroyed natural herd immunity. As discussed earlier in this eBook, in a natural herd immunity environment, older individuals are given a "booster" from younger ones with measles, which increases their antibody titer and further protects them from infection. Since we have vaccinated virtually all of the young children, there are no longer those opportunities for those with waning antibodies to get that natural boosting effect.**

## Will implementing regular booster shots for all adults work? The science says NO!

### So, does that mean we are all facing a 3rd dose recommendation of MMR? According to a 2016 article from the Journal of Infectious Diseases, that doesn't work

A 2016 article from the ***Journal of Infectious Diseases*** titled, **Measles virus neutralizing antibody response, cell-mediated immunity, and IgG antibody avidity before and after a third dose of measles-mumps-rubella vaccine in young adults**, finds that a third dose of the MMR added very little protection. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5729920/

**From the study:**
"Overall, MeV neutralizing antibody concentrations initially increased after MMR3 **but declined to near-baseline levels one year later.** Although our findings showed that MMR3 increased antibody levels for the small percentage of subjects with low MeV neutralizing antibody concentration levels who were on the cusp of protection, **the CMI and avidity results in the subset tested showed that MMR3 did not result in substantial improvements in the quality of the immune response. While a third MMR dose may successfully immunize the rare individual who failed to respond after two doses, MMR3 is unlikely to solve the problem of waning immunity in the U.S.**"

**The conclusion:**
"Most subjects were seropositive pre-MMR3 and **very few had a secondary immune response post-MMR3.** Similarly, CMI and avidity results showed minimal qualitative improvements in immune response post-MMR3. **We did not find compelling data to support a routine third dose of MMR vaccine**."

## A 2017 article from the Journal of Infectious Diseases confirms that adult boosters are not effective

The article titled, **Measles Virus Neutralizing Antibodies in Intravenous Immunoglobulins: Is an Increase by Revaccination of Plasma Donors Possible?**, casts serious doubts on the success of a perpetual booster program should that be recommended.
https://www.ncbi.nlm.nih.gov/pubmed/?term=28968738

**From the Abstract:**
"We report a screen of plasma donors confirming that widespread use of childhood measles vaccination since 1963 resulted in a decrease in average measles virus antibody titers among plasma donors, which is reflected in **intravenous immunoglobulins (IVIGs)**. The measles virus antibody titer, however, is a potency requirement for IVIGs, as defined in a Food and Drug Administration regulation. To mitigate the decline in measles virus antibody titers in IVIGs and to ensure consistent product release, revaccination of plasma donors was investigated as a means to boost titers. **However, revaccination-induced titer increases were only about 2-fold and short-lived." *(The antibody titers returned to baseline in 150 days [5 months])*.**

**From the Study:**
"**Measles virus antibody titers are lower in children after vaccination than after natural infection, and the wide deployment of childhood measles vaccination since 1963 is believed to have resulted in lower average measles virus antibody titers in the US general population**, as well as in blood and plasma donors and correspondingly in the IVIG preparations fractionated from these donations. **Waning of vaccine-induced immunity might further contribute to the decline in measles virus anti-body titers in IVIG.** Routine measles vaccination is given twice, typically at age 12–15 months and then around school entry at age 4–6 years. Plasma donors, at a minimum age of 18 years, would be expected to present antibody titers even lower than occurring immediately after vaccination."

"The 3312 samples were sorted by birth year and separated into 8 cohorts, spanning 4–5 birth years per cohort except for samples from donors born between 1938 and 1957, which were merged into a single cohort."

"The M-M-R II (Measles, Mumps, and Rubella Virus Vaccine Live) vaccine (Merck) was used for revaccination of plasma donors."

**This graph shows the Measles virus neutralizing antibody concentrations and how vaccination has caused the levels to drop since the vaccine was introduced. The year ranges are the birth years for each cohort. Essentially, the vaccine has destroyed natural herd immunity.**

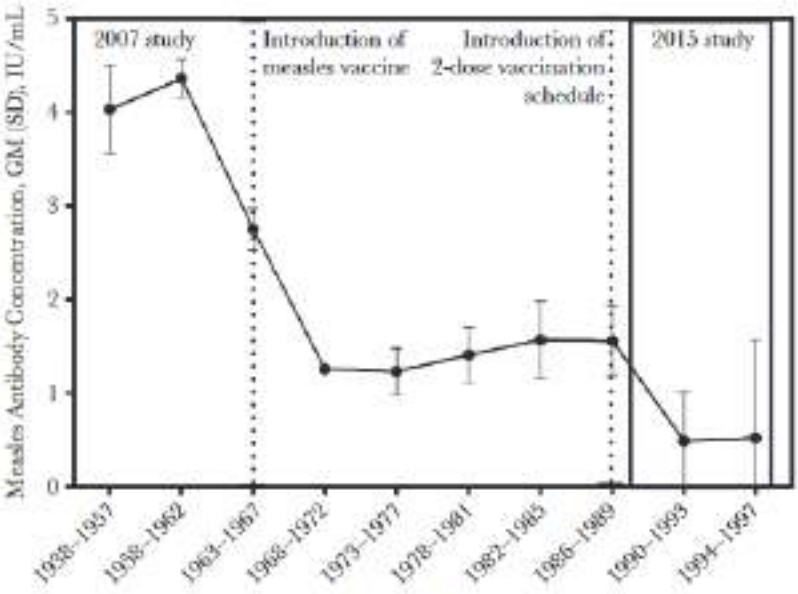



**Fig 1.** Cohorts (Birth Years)

**A further reduction in Measles antibody titers occurred after the introduction of the second dose on the vaccine schedule (1989).**

**Why is this so significant? This creates the potential for a very dangerous scenario. Because as the next article will communicate, "escape mutant" strains of measles are developing due to vaccine pressure and many of these are more virulent and dangerous than the strains that were prevalent in the 1960s AND the vaccine does not protect against them. Because we have destroyed natural herd immunity as it existed in the early 1960s with mass vaccination campaigns, our population consisting of people that have very low antibody titers could be ripe for a catastrophic man-made epidemic. Just like the super-germs that we have created by over prescribing antibiotics, the measles virus, which actually consists of a couple dozen sub-types, will always stay one step ahead of the vaccine paradigm.**

## "Escape Mutant" viruses present a potential danger for vaccinated individuals

A 2017 article from the ***Journal of Virology*** titled, **Antigenic Drift Defines a New D4 Subgenotype of Measles Virus**, looks at subtypes of the 24 genotypes of the measles virus and identifies two sub-types that have developed "antigenic drift", which is a mechanism for variation in viruses that involves the accumulation of mutations within the genes that code for antibody-binding sites. This has implications which could affect the ability for antibodies produced by the measles vaccine from working effectively. The measles is a monotypic virus, in which being inoculated against one strain will protect a person from other strains. This is unlike many of the other infectious diseases we vaccinate against whereby the vaccine will only be effective for a specific strain or serotype that matches up with the strain contained in that particular vaccine. The problem that has emerged which this article discusses, is that vaccine pressure has caused a mutation that leaves millions of people that have been vaccinated with MMR completely vulnerable. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5432853/pdf/e00209-17.pdf

**From the Study:**
"Measles virus is a paradigmatic RNA virus, as the antigenic composition of the vaccination has not needed to be updated since its discovery. **The vaccine confers protection by inducing neutralizing antibodies that interfere with the function of the hemagglutinin protein**. **Viral strains are indistinguishable serologically, although characteristic nucleotide sequences differentiate 24 genotypes. In this work, we describe a distant evolutionary branch within genotype D4**."

"The **subgenotype D4.1 MeVs** were isolated predominantly in **Kenya and Ethiopia**, whereas the **MAb-resistant subgenotype D4.2 MeVs** were isolated **pre-dominantly in France and Great Britain**, countries with higher vaccine coverage rates."

"During our studies on antigenic variation across MeV genotypes, **we identified a difference in the neutralization sensitivities of two viruses belonging to the D4 genotype.** Subsequent genetic and antigenic analyses of a larger number of genotype D4viruses identified two definable D4 subgenotypes, which we named D4.1 and D4.2. **In contrast to subgenotype D4.1 viruses, subgenotype D4.2 viruses are not neutralized by antibodies targeting the neutralizing epitope (NE), indicating that they lack three of the six known antigenic sites. Perhaps more significantly, the two subgenotypes differ in their susceptibilities to neutralization by pooled human sera from 60 to 80 North American donors**."

"**Interestingly, D4.2 sub-genotype viruses showed a trend toward diminished susceptibility to neutralization by human sera pooled from approximately 60 to 80 North American donors.**"

***This could have profound implications if an escape mutant strain of measles virus that is unaffected by the antibodies produced by our MMR vaccine in U.S. populations, comes from another part of the world. Bear in mind, that there are most likely others that have not yet been detected and ones that are and will be mutating in the future. One has to look no farther than the chart on the previous page and see how vulnerable vaccinated individuals have become as compared to my generation who still enjoy a high level of protection from having "survived" (tongue in cheek), WILD measles.***

# Babies born to vaccinated mothers have lower levels of maternal antibodies putting them at greater risk of infection

## Compared to orthodox communities where mothers had previous natural infection, babies of mothers vaccinated with MMR are at greater risk of infection

A 2013 study from the ***Journal of Infectious Disease*** titled, **Waning of Maternal Antibodies Against Measles, Mumps, Rubella, and Varicella in Communities With Contrasting Vaccination Coverage**, warns that because vaccinated mothers pass a lower level of antibodies to their offspring than mothers that have had the wild virus infection, babies are at greater risk of contracting measles, mumps, rubella or chickenpox shortly after birth. **This is when they are most vulnerable to complications.**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4043230/

**From the Article:**
"**A known determinant of the maternal measles virus antibody concentration is the vaccination status of the mother. Mothers who received MMR vaccine tend to have a lower concentration of measles virus–specific antibodies than mothers who naturally acquired measles**."

"**The estimated duration of protection by maternal antibodies among infants in the general population, most of whom were born to vaccinated mothers, was short: 3.3 months for measles, 2.7 months for mumps, 3.9 months for rubella, and 3.4 months for varicella. The duration of protection against measles was 2 months longer for infants born in the orthodox communities, most of whom had unvaccinated mothers. For rubella, mothers in the orthodox communities had higher concentrations of antibodies as compared to the general population**."

***Conclusion.*** "**Children of mothers vaccinated against measles and, possibly, rubella have lower concentrations of maternal antibodies and lose protection by maternal antibodies at an earlier age than children of mothers in communities that oppose vaccination. This increases the risk of disease transmission in highly vaccinated populations**."

## Another article determining that vaccinated mothers provide inferior antibody coverage to their babies

A 2010 article in ***Virology Journal*** titled, **Low titers of measles antibody in mothers whose infants suffered from measles before eligible age for measles vaccination,** confirms that women who have been vaccinated against the measles are putting their infants at risk due to conferring lower antibody titers than women that have had natural wild measles prior.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2874774/pdf/1743-422X-7-87.pdf

**From the article:**
"Currently, the measles antibodies in the vast majority of mothers in China are induced by vaccination rather than by the natural infection. Therefore, it is speculated that infants may acquire fewer

antibodies from their mothers, **resulting in the reduced duration of protection against measles and leading to the onset of measles before the age of receiving vaccine**." *(This puts this highly vulnerable population at risk)*
"However, the changing age distribution of measles in infants younger than 1 year of age, which is at least partially caused by low maternally acquired measles antibody as demonstrated in this study, casts doubt on the effectiveness of current strategy in elimination of measles."

"**Conclusions:** Our results suggest that infants born to mothers who acquired immunity to measles by vaccination may get a relatively small amount of measles antibody, resulting in loss of the immunity to measles before the vaccination age. Measures to improve the immunity in young infants not eligible for measles vaccination would be critical to interrupt the measles transmission in China."

## This detriment to infants has been known for decades

A 1996 article published in the journal ***Pediatrics*** titled**, Changing levels of measles antibody titers in women and children in the United States: impact on response to vaccination. Kaiser Permanente Measles Vaccine Trial Team**, reveals the gap in protection for newborns of vaccinated mothers.
https://www.ncbi.nlm.nih.gov/pubmed/?term=8545224

**From the Abstract:**
"Among women born in the United States (n = 614), geometric mean titers (GMTs) of measles antibodies decreased with increasing birth year. **For those born before 1957, 1957 through 1963, and after 1963, GMTs were 4798, 2665, and 989, respectively**. Among women born outside of the United States (n = 394), there were no differences in GMTs by year of birth. **Children of younger women born in the United States were less likely than those of older women to be seropositive at 6, 9, or 12 months**."

## Options for parents wanting to separate MMR into individual vaccines are unavailable

**Mumpsvax no longer available from Merck – 11/13/2009**
Source: http://www.londonmmr.co.uk/faq.php

"Unfortunately, much to our shock and dismay, Merck have announced that they have decided not to resume production of the single vaccines for Measles (Attenuvax), Rubella (Rudivax) and Mumps (Mumpsvax)."

At the beginning of November 2009, Dr Mark Feinberg, the Vice President of Merck Vaccines stated the following:

"Based on input from the Advisory Committee on Immunization Practices (ACIP), professional societies, scientific leaders, and customers, Merck has decided not to resume production of ATTENUVAX (Measles

Virus Vaccine Live), MUMPSVAX (Mumps Virus Vaccine Live), and MERUVAXII (Rubella Virus Vaccine Live). This science-based decision will support vaccination of the largest group of appropriate individuals. We will continue to focus necessary resources to ensure that we can help meet current and future global public health needs for our combination measles, mumps, and rubella vaccine, M-M-RII (Measles, Mumps and Rubella Virus Vaccine Live).

"The combination vaccine M-M-RII is recommended by the ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), and is preferred over the monovalent vaccines because it eliminates the need for 3 separate injections and reduces the chance of delays in helping protect against any of these potentially serious diseases. There is no medical reason to administer the measles, mumps, and rubella antigens separately, and ACIP guidelines do not support their use."

## Persons vaccinated for the measles shed the virus and can potentially infect others

In an article published in 1995 in the ***Journal of Clinical Microbiology*** titled, **Detection of Measles Virus RNA in Urine Specimens from Vaccine Recipients**, researchers discovered that the vast majority of children vaccinated with the MMR vaccine developed a mild form of measles and that they shed the virus, which could potentially infect others. This article stated that it is unknown whether others could be infected, but in November of 2014, the ***National Vaccine Information Center*** has produced an excellent manuscript with 276 referenced titled, **The Emerging Risks of Live Virus and Virus Vectored Vaccines - Vaccine Strain Virus Infection, Shedding & Transmission**. It not only covers these problems with the MMR vaccine, but the Smallpox, Polio, Influenza, Rotavirus, Varicella (Chickenpox) vaccines as well. That document can be accessed free here… https://www.nvic.org/CMSTemplates/NVIC/pdf/Live-Virus-Vaccines-and-Vaccine-Shedding.pdf Or it can be accessed through their website at

Back to the 1995 study. This study was conducted under the auspices of the ***Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia 30333*** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC228449/

Post vaccination, the measles virus RNA was detected in the urine in 10 of 12 children (age 15 months) and all 4 young adults (aged 21-32 years) within 2 weeks.

**From the article:**
"In our study, individuals received the Moraten strain of measles vaccine as measles-mumps-rubella vaccine." ***This is an attenuated or weakened strain of the measles.***

"Despite the existence of an effective vaccine, measles virus continues to cause sporadic outbreaks and epidemics of disease in the United States and throughout the world. **Most recent outbreaks have involved either children who were too young to be vaccinated or older children and teenagers (5 to 19 years), most of whom had been previously vaccinated (3, 8).** Because of the sporadic nature of outbreaks in populations with high rates of vaccination, the altered presentation of clinical signs that

occurs in ''mild measles'' infections (1, 11, 20), and the presence of other exanthem-causing infections, effective public health measures to control measles outbreaks are more dependent on laboratory confirmation of infection than on diagnosis based on clinical presentation. Currently available diagnostic techniques, which include virus isolation, viral antigen detection, and serologic antibody studies, are very sensitive and specific. However, these techniques are labor intensive, require specimen collection by medically trained personnel, and would be inappropriate for screening large numbers of individuals."

"The detection of measles virus RNA in urine by using reverse transcriptase-PCR (RT-PCR) would be a potentially rapid means of detecting measles infections with a clinical specimen which is more readily and conveniently accessible than serum or nasopharyngeal aspirates." ***This method has proven to be a convenient and inexpensive way to differentiate between wild measles virus and the vaccine produced virus. It is my contention that all cases of measles should be analyzed to see if they are "wild" or vaccine strains as the clinical presentation of the two types are indistinguishable.***

***Green Med Info*** has an excellent article on the failings of the measles vaccine and the high incidence of cases in vaccinated individuals. http://www.greenmedinfo.com/blog/2013-measles-outbreak-failing-vaccine-not-failure-vaccinate1

## Newborns and infants are more likely to contract measles and more susceptible to complications and death due to the measles vaccine

Prior to the introduction of the measles vaccine in 1963, nearly everyone contracted the measles. That gave them a strong and lasting protection from every acquiring the measles again in their lifetime. When women gave birth, their newborns had passive immunity from the strong levels of circulating antibodies passed on to them from their mothers. Now with the widespread use of the MMR vaccine and the lack of wild measles infection induced protection, newborns have become highly susceptible for infection and complications.

A 2010 study from the ***British Medical Journal*** titled, **Early waning of maternal measles antibodies in era of measles elimination: longitudinal study**, clearly shows that there is a much stronger presence of maternal antibodies in women that had previously contracted the natural "wild" measle virus that those who had been vaccinated. It also showed that the newborn infants of the women that had prior measles infection benefited to a greater degree than those born from women that had been vaccinated. https://www.ncbi.nlm.nih.gov/pubmed/?term=20483946

**From the study:**
"Vaccinated women had significantly fewer IgG antibodies (geometric mean titre 779… mIU/ml) than did naturally immune women (2687 (2126 to 3373) mIU/ml)... Maternal values were highly correlated with neonatal values (r=0.93 at birth). Infants of vaccinated women had significantly lower antibody concentrations than did infants of naturally immune women…"

It also cites previous studies with similar results… "Results of previous studies show lower starting concentrations at birth and faster decay of antibodies in infants of vaccinated women".

The younger the infant, the greater the risk of complications from the measles. Antibodies wane within several weeks after birth in both groups, but slower in the newborns with higher titers born of the women that previously had the wild measles. This added protection from the greater number and duration of maternal antibodies reduces risk to those newborns. Conversely, there is an increased risk of complications and even death (in rare instances), to newborns of vaccinated mothers.

# Contracting natural measles, mumps and other childhood infectious diseases have future health BENEFITS

## Natural measles infection and a lower rate of dying from cardiovascular disease

A 2015 study published in the journal ***Atherosclerosis*** titled, **Association of measles and mumps with cardiovascular disease: The Japan Collaborative Cohort (JACC) study**, finds a strong association with people that has natural measles and mumps infection and lower risk of dying from cardiovascular disease. https://www.ncbi.nlm.nih.gov/pubmed/26122188

**Their Conclusion:**
**Measles and mumps, especially in case of both infections, were associated with lower risks of mortality from atherosclerotic CVD.**

## Contracting natural measles reducing the rates of allergies

A 2006 study from the journal ***Allergologia et Immunopathologia**** titled, **Frequency of allergic diseases following measles**, found that children that had a history of measles infection had lower rates of allergies and asthma. https://www.ncbi.nlm.nih.gov/pubmed/16854347

**FINDINGS:**
Sensitivity to Dermatophagoides pteronyssinus *(dust mites),* was less frequent in children with measles than in those without... A history of nebulized salbutamol *(Albuterol),* use in the emergency room in the previous 12 months was also less frequent in the measles group... Inhaled corticosteroid use was more common in the group without measles...

**CONCLUSION:**
**The results of this study indicate that findings of allergic disease are less frequent in children with a history of measles. These children were less sensitive to D. pteronyssinus** *(house dust mites)*.

**Allergologia et Immunopathologia* is a forum for those working in the field of pediatric asthma, allergy and immunology.

## A 2001 editorial in the British Medical Journal praises the benefits of childhood infections

In a 2001 editorial from the ***British Medical Journal*** titled, **The protective effect of childhood infections**, the author cites the hygiene hypothesis and the fact that exposure to bacteria and viruses in childhood are part of what builds and matures the immune system.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1119618/

The author also points out that children living in overly hygienic or sterile conditions and taking antibiotics lead to an increased risk of allergies later in life.

**From the editorial:**
**"Many common viral infections induce a strong protective host response dominated by the production of interferon γ (IFNγ). This type 1 response is more effective at eliminating viruses than the alternative type 2 response (characterised by the production of interleukin 4 and interleukin 5), which promotes IgE production, eosinophilia, atopy, and asthma. Children are born with strong type 2 responses but mature their type 1 responses in the first year or so of life under environmental influence, mainly that of common childhood infections."**

"Thus, having many older siblings; attending day care at an early age; growing up on a farm and in frequent contact with cattle, poultry, and cats; **and having childhood measles** and orofaecal infections such as hepatitis A **are all helpful** (directly or by association) **in promoting normal immunological maturation and in preventing atopic disease. By contrast, living in a small family group in hygienic conditions and taking antibiotics in early life[7] may promote the development of asthma and atopy."**

"In this issue of the *BMJ*, Illi et al show that episodes of uncomplicated common colds (runny nose) during infancy may also protect against episodes of wheezing in later childhood (p 390). **Other childhood infections such as herpetic stomatitis, exanthema subitum, and chickenpox also seemed protective**. By contrast, episodes of wheezy lower respiratory tract infection were strongly associated with subsequent episodes of wheezing by the age of 7 (odds ratio >6). In other words, children with frequent simple infantile colds are less likely to develop wheezing by the age of 7, while children with wheezy lower respiratory illnesses in the first year are more likely to wheeze later on."

"However, the important conclusion is that the risk of a diagnosis of asthma by the age of 7 is reduced by about 50% percent in children with two or more reported episodes of common cold (without associated wheeze) by the age of 1 year."

## Natural measles infection provides superior immunity according the World Health Organization

In an April 2017 report issued by ***the World Health Organization***, the benefit of naturally acquired measles was discussed.

**Naturally-acquired immunity-** "Whereas the presence of circulating, neutralizing antibody against the H antigen is sufficient to prevent infection with measles virus, cell-mediated immunity is required to clear

the virus once infection has occurred. **Long-lasting, possibly lifelong, immunological memory following wild-type virus infection *(contracting measles)* includes both continued production of measles virus-specific antibodies and the circulation of measles virus-specific CD4+ and CD8+ T lymphocytes**."

# The mumps vaccine has damaged natural protection from ovarian cancer

A 2010 study published in ***Cancer Causes Control*** titled, **Mumps and ovarian cancer: modern interpretation of an historic association**, found an association between getting mumps as a child and a lower risk of ovarian cancer. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951028/

**Conclusion:**
"Mumps parotitis may lead to expression and immune recognition of a tumor-associated form of MUC1 and create effective immune surveillance of ovarian cancer cells that express this form of MUC1."

"Showing the relevance of this observation to ovarian cancer clearly requires background data that would link mumps, ovarian cancer, and anti-MUC1 antibodies. Concerning the mumps and ovarian cancer association, we performed a meta-analysis of all published original reports to obtain an overall estimate of the effect. **In eight observational studies addressing the association,** the summary odds ratio was 0.81 with 95% confidence limits of 0.68–0.96 ($p$ = 0.01), **suggesting a 19% decrease in risk of ovarian cancer associated with history of mumps parotitis**."

"Thus, our observation that anti-MUC1 antibodies are elevated in individuals with mumps is consistent with the interpretation that **mumps infection could elicit an immune response to later protect against ovarian cancer."**

"**Clearly, mumps vaccination only creates anti-viral antibodies and would not lead to anti-MUC1 antibodies, which we show here require an active parotitis. If it is true that symptomatic mumps protected against ovarian cancer through an immune reaction, a logical consequence is that we might expect an increased incidence of ovarian cancer as symptomatic mumps parotitis infections have decreased through vaccination. In a paper examining incidence patterns for ovarian cancer from 1978 to 1998, rates of invasive serous, endometrioid, and clear cell tumor increased over this time period among white females**."

# The rubella portion of the vaccine is cultured in aborted fetal tissue and contains DNA fragments that may combine with the recipient's DNA

Rubella is one of those diseases that the CDC has said is basically eradicated from the U.S. as of 2004]. https://www.cdc.gov/rubella/about/in-the-us.html There is **less than 10 cases per year on average and most cases that show up in the U.S. are "imports" from overseas**. **In the 8 years from 2004-2012, there was only one case of congenital rubella documented in the U.S. where the parent had not traveled outside of the U.S**. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6212a3.htm As mentioned and documented earlier in this document, rubella in and of itself is a relatively mild viral disease, although it does pose significant risk to a baby born to an infected mother.

**Since native rubella has virtually been eliminated from the U.S., do the benefits of continuing the rubella vaccine outweigh the risks?** Remember the evidence from earlier in this document about the increase in autism as fetal cell line components of vaccines were introduced? This trend was strongly associated previously in this document, especially with the MMR. **The discussion with Dr. Theresa Deisher on pages 160-162 implicating the dangers of the human DNA fragments from these aborted fetuses combining with the recipient's own DNA (homologous recombination) poses serious cause for concern. The rubella component of the MMR is the one with the Winster Institute-38 (or WI-38) aborted fetus cell line DNA in it.**

The Rubella portion of the MMR contains the aborted fetal DNA and has been implicated in the meteoric rise of autoimmune diseases and Autism Spectrum Disorder since its inclusion. Re-visit the article presented earlier by doing a key phrase search for **Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence**. Also, search **Deisher** for a complete review of these connections and the dangers of fetal DNA contamination.

**Much more can be read about these fetal cell lines, including the risks and the ethical considerations in the vaccine ingredients section on pages 124-129 and 182-188.**

## A June 5th, 2019 report in JAMA Dermatology, covers recent cases of Rubella vaccine associated granulomatous skin lesions that can persist many years

The report published online, cites 9 recent cases of granulomatous disease skin lesions in immunocompromised children that had been vaccinated with the MMR vaccine. The report shows 2 cases, one in an 11-year-old boy and one in a 2 ½ year old girl. **Both subject's skin lesions tested positive for the vaccine specific Rubella virus, even though their salivary testing was negative for rubella and any other infectious agents.** The location of the skin lesions was not in proximity of the injection they received when they had been given the MMR vaccine. https://www.ncbi.nlm.nih.gov/pubmed/?term=31166586

The boy's lesions were on his face and didn't show up until 5 years after his second MMR vaccine, which was given at age 5. The picture at 1-year after initially presenting to the doctor, showed that the tissue had developed **pitting or cratering type lesions** and looked puffy and inflamed. **It looked much worse than it did on the picture taken during his initial presentation.**

The girl developed red pimples on her legs 12-months after her MMR vaccine, which was given at age 1. The skin lesions tested positive for the vaccine specific rubella strain, although her salivary tests were negative. She was then followed up at age 10. **After 8-years, she still had very graphic granulomatous disease lesions which appeared red, puffy, looking inflamed and crusted.** The lesions once again tested positive for the vaccine specific Rubella strain, even though her salivary testing was negative. The report also stated, that the antibody titers to MMR were good, but that the immunity to Streptococcus pneumoniae, Haemophilus influenzae, and tetanus toxoid were low, even though the patient received those vaccines on schedule. Apparently, she was a case of either primary vaccine ineffectiveness or vaccine waning.

**The report also suggested that there was a causal relationship between rubella virus in the skin and the development of the granuloma.**

It also said that, **these 2 cases were in addition to a growing number of reports regarding *Vaccine-Derived Rubella Virus* and granulomas in patients with immune system deficiencies.**

# The Measles Narrative is Collapsing-An effective evidence-based rebuttal to the 5 main measles talking points

This is an article that I wrote rebuking the media barrage of the 5 key vaccine industry talking points about the measles and the measles vaccine. These talking points are designed to instill fear into the population, in an effort to increase compliance with their coersive agenda of compliance. The goal is to drive mandates and the elimination of personal right and freedoms.

## The measles vaccine narrative is collapsing

The measles and the MMR vaccine have become the catalyst for the pressure to increase vaccine mandates and to remove freedom of choice in the form of the repeal of personal and religious exemptions. Since the vaccine proponent's agenda is to go with the apocalyptic-fear-mongering measles strategy, let's poke some major holes in it by taking a look at what the contemporary science says about the false narratives being repeated ad nauseum in the media. (All references are found in this eBook)

### Key false talking points driving their campaign of fear and coerced compliance-

1. **If the measles returns, thousands of children will die annually in the U.S.**
2. **The 2 dose MMR Vaccine regimen provides lifelong protection in most people**

3. **Previously vaccinated adults with waning antibody protection, can receive effective and lasting protection from MMR booster shots**

4. **We must achieve and sustain a 95% vaccination rate to maintain herd immunity**

5. **The MMR and MMRV will protect against all strains of measles**

### Then we will take a look at:

- **Injuries and deaths from the Measles (MMR) Vaccine**
- **The vaccine industry is allowed to operate in a liability-free environment with no oversight or accountability**
- **The accumulative effect of the ever-increasing number of vaccine doses**
- **The long-term BENEFITS of acquiring these childhood infections early in life**

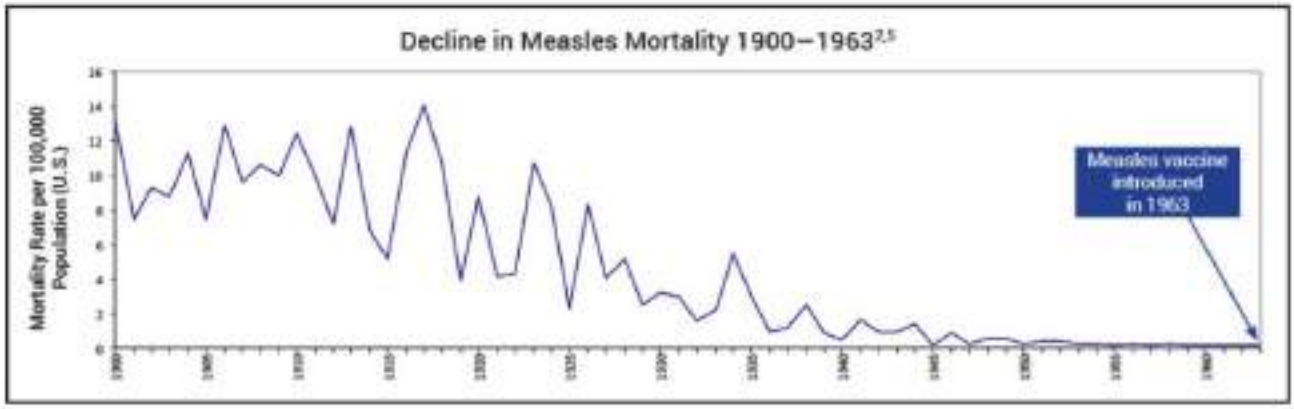
## Rebuttals to the five key talking points pushing the measles vaccine agenda:

*As a footnote: There are numerous examples of each of the following points found in ***1200 Studies***. The page numbers cited will serve as an example of the growing scientific consensus and a good starting point for further exploration.

### Talking point #1: If the measles returns, thousands of children will die annually in the U.S.-

It is time to put this unreasonable fear of measles to rest. The real risks from measles in modern-day America pales as compared to vaccine injuries and adverse effects on the health of our children (see pages 561-564). I will spend extra time on talking point #1, because it is the hyper-exaggeration of the threat and the fear that threat produces in the population, that the vaccine industry is counting on to drive public compliance and legislative action to remove freedom of choice.

The first measles vaccine was introduced in 1963 and was ineffective and problematic. The second generation of the vaccine was introduced in 1968 and achieved more widespread use and acceptance. The vaccine industry narrative takes credit for the decline in measles deaths as a result of the measles vaccine. However, U.S. Government public health statistics present a very different story. The rate of deaths attributed to measles had declined over 98% between the years of 1900 and 1962 and was continuing in a downward decline at that point (some government statistics say the death rate had decreased 99.4% prior to the measles vaccine introduction in 1963). Regardless, that is nearly a 100% decline. There is no reason to believe that it wouldn't have continued to decrease absent the introduction of the vaccine. To suggest that the measles vaccine had anything to do with the decline in mortality is dishonest and a poor attempt at re-writing history.




The government reported mortality rate for measles prior to the introduction of the vaccine was approximately 1 in 10,000 cases. It is often reported as 1 in 1,000 cases. This is once again an attempt to exaggerate the facts. Ninety percent of all measles cases were never reported because parents never took their children to the doctor. The cases were mild, lasted a few days, the kids went back to school and life went on. No big deal. Approximately 10% of the overall cases were severe enough to seek medical care. Of those 10% that sought medical care and were REPORTED, the fatality rate was about 1 in 1,000. News outlets often inaccurately report the death rate figure as 1 in 1,000 cases by leaving the word "reported" out. The facts are that the death rate was closer to 1 in 10,000 cases. Another crucial fact to consider, is of those deaths from measles complications, studies show that fatalities were 10 times higher in extremely low income, poverty-stricken communities compared to middle income communities (see page 488). This increased incidence of fatalities drastically skewed the overall death rates. The death rate in middle and upper-income areas is thought to have been 1 in 100,000 cases or less. This points to the fact that malnutrition, overcrowding, decreased personal hygiene, poor sanitary conditions, lack of vitamins and vitamin fortified foods and decreased access to medical care all play a role in the outcome of infectious diseases, as you will see in the next section. Now even one death is too many, but we must also consider that the measles vaccine itself has been responsible for serious vaccine injuries, permanent disabilities and deaths. Stay tuned, that will be covered in more detail in this article. Fast forward 60 years to 2019 and the standard of living has improved for nearly all Americans. We have better access to quality nutrition, vitamins and vitamin fortified foods, clean water, improved public health measures in all sectors including the awareness of proper personal hygiene and access to advanced medical care. All of these factors would significantly reduce the rates of complications and deaths from the measles in modern-day-America as compared to 1960.

## So, what made conditions right for the spread and deadliness of infectious disease?

### Large cities were ripe for spread of infectious disease in the 1800's and early 1900's

You can see by the graph that measles was a deadly disease in the late 19th and early 20th century in the U.S. and Western Europe. That period of time was one where cities were extremely overcrowded, lacked proper sanitation and waste disposal, clean water and access to nutritious food. There was no

garbage pickup, therefore trash piled up. There were open sewers behind shacks and overcrowded buildings housing large numbers of people. Horses were the main mode of transportation, so the narrow streets were full of manure and the air was contaminated. Flies and rats were everywhere. The conditions were ripe for infection and all of those factors weakened people's immune systems.

## Why are measles deadlier in some countries than others?

The conditions in the mid to late 1800's and early 1900's were in many ways very similar to impoverished parts of the world today, where there is a lack of all these basic community public services, limited access to healthy food and clean water, filth and garbage everywhere, open sewage, lack of education about personal hygiene and rampant malnutrition is commonplace. These conditions create an environment ripe for infectious disease AND weaken people's immune systems to the point where they are unable to fight even the mildest of infections.

Those descriptions and these pictures certainly do not depict the United States of America, Western Europe and other advanced societies today! This is the reason why the fear mongering, hysteria and lies about measles returning and decimating our children are so disingenuous. It is being pushed by the insatiable profit driven vaccine makers and so the media, who is beholden to them for advertising revenue becomes their mouthpiece. Solutions other than vaccines exist. Even vitamin A supplementation is being used successfully by the ***World Health Organization*** in third world-countries where measles is still epidemic. Their vitamin A campaigns have been heralded as huge successes (see pages 472, 483-485, 700). Today in modern day America, we also have access to other types of herbal and natural antiviral compounds that could protect a child who may contract the measles from developing complications, reducing the risk of complications and shortening the duration of the illness. Even immune compromised persons now have access to immune globulin therapy that is extremely effective in reducing complications from measles. In the 1950's and 60's, measles was viewed as an inconvenient, yet harmless condition that virtually everyone got, recovered from and then had lifelong protection.

To learn more an understand the dynamics of why measles was so deadly 70 to 100 years ago, and what makes it deadly in impoverished parts of the world today, AND why the death rates declined for measles and other infectious diseases nearly 100% without vaccines, read the section in ***1200 Studies*** titled, **The Truth about the Decline of Infectious Disease.**

### Talking point #2: The 2 dose MMR Vaccine regimen provides lifelong protection in most people-

*According to the CDC's website…* ***"****People who receive MMR vaccination according to the U.S. vaccination schedule are usually considered protected for life against measles and rubella. While MMR provides effective protection against mumps for most people, immunity against mumps may decrease over time and some people may no longer be protected against mumps later in life… Both serologic and epidemiologic evidence indicate that vaccine-induced measles immunity appears to be long-term and probably lifelong in most persons."* https://www.cdc.gov/vaccines/vpd/mmr/hcp/about.html .

**This information is outdated and has been proven completely wrong!**

That information may have been somewhat accurate when there were still large numbers of aging people in the population that had wild measles as children giving them lasting immunity and there were still children with measles in the population to provide natural "boosters" to adults, but that dynamic changes over time as more people are vaccinated. We have learned the last few years, that antibody levels produced by the measles vaccine wanes rapidly, with efficacy lasting no more than 10 years after the second dose (antibody levels dropping approximately 10% per year), and how additional doses provide no lasting protection. This leaves the previously vaccinated adult population completely unprotected. So in essence, the vaccine program works for a period of time (scientists call this the "honeymoon" period), because many of the children that had acquired wild measles and developed lifelong immunity stayed safe and immune as they became adults. That keeps measles infections in check for several years. But as the vaccinated children age-out of protection and vaccination rates for young children remain high, there are no longer young children with wild measles in the population to provide those natural boosters to adults from the exposure to children with measles (as compared to the pre-vaccine era). Over time, vaccine induced antibody levels drop throughout the aging population leaving them vulnerable to infection and sadly, the honeymoon is over (pages 505-507).

These are all reasons why such a high percentage of people contracting the measles in recent outbreaks are adults who have been previously vaccinated. What has happened, is the measles vaccine has destroyed the natural herd immunity we used to enjoy. The pseudo "herd immunity" highly touted by vaccine proponents turns out to be a complete fallacy and falls apart due to the secondary vaccine failure to provide the lifelong immunity that was previously promised (pages 572-580). During the infamous 2015 Disneyland outbreak and subsequent U.S. measles cases that year, there were 194 cases in which virus sequences were obtained. Of those, 73 (38%), were identified as MMR vaccine sequences (***Journal of Microbiology***, Volume 55, Issue 3, March 2017 https://jcm.asm.org/content/jcm/55/3/735.full.pdf ). During these measles outbreaks, the blame is often put on the unvaccinated. These statistics and others from other outbreaks show that the vaccinated are also susceptible. In addition, the age of the California cases ranged from 6 weeks to 70 years old, with an average age of 22 (***Annals of Emergency Medicine***, Vol. 66, No. 1, July 2015 https://www.annemergmed.com/article/S0196-0644(15)00292-9/pdf ). The fact that so many of the cases were 22 years old and older, indicates a significant change upward due to vaccine failure as previously described. In the pre-vaccine era, half of all children had the measles by age 6, with the rest acquiring it in the years shortly thereafter. This is when measles is mildest and has the lowest rate of complications.

Another unintended consequence of vaccinated adults having low antibody titers, is that females of childbearing age do not have enough antibodies to pass sufficient amounts to their newborn babies, making their infants more susceptible to contracting the measles (see pages 582-583). Of the 110 California cases from the Disneyland outbreak, 12 (11%), were infants too young to be vaccinated (***Annals of Emergency Medicine***, Vol. 66, No. 1, July 2015). These infants most likely would have been protected if their mothers had contracted wild measles as a child.

The science now shows a shift in the demographics of measles cases due to the vaccine program. This shift has effectively transferred the risk to the two groups most vulnerable to serious complications, newborns and adults. As mentioned previously, this same vaccine failure is being recognized with other infectious diseases that we thought we had achieved control over.

### Talking point #3: Previously vaccinated adults with waning antibody protection, can receive effective and lasting protection from MMR booster shots-

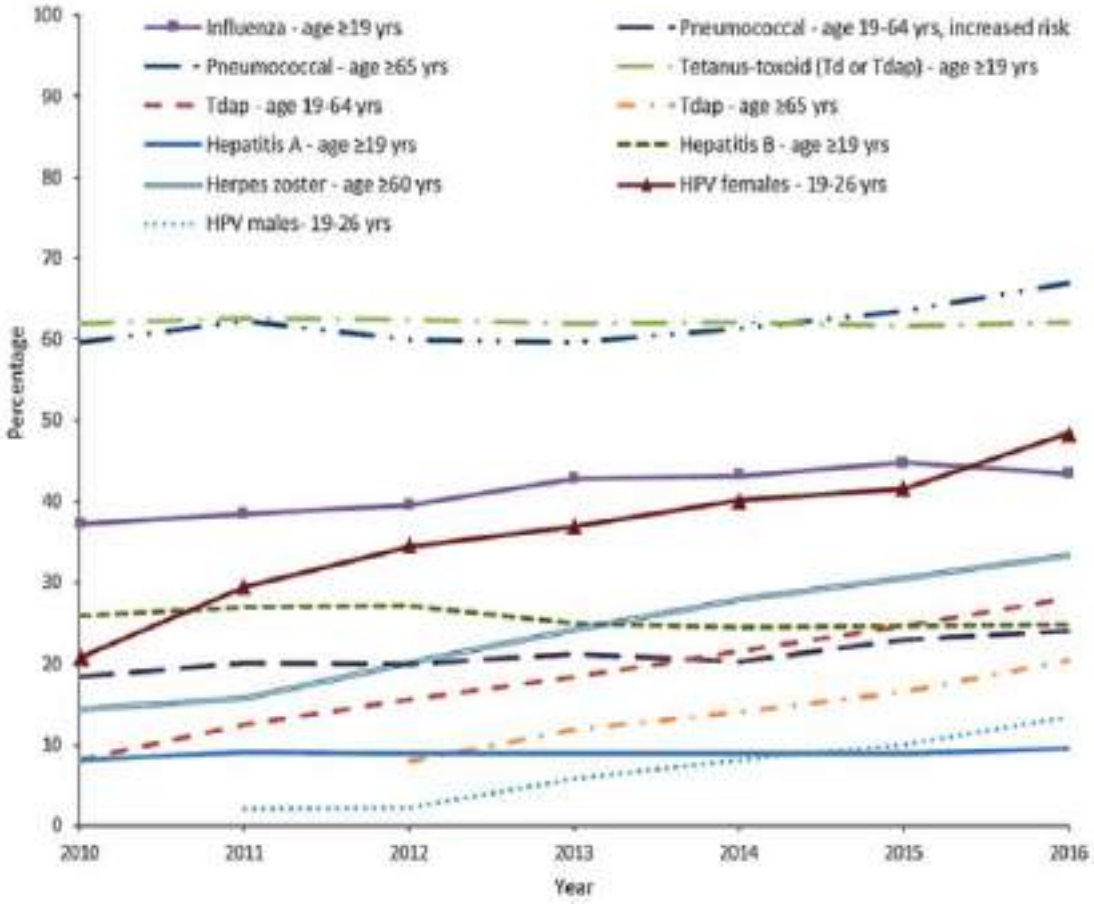
2017 research published in the ***Journal of Infectious Diseases*** demonstrated that additional doses of MMR given to adults has minimal effect on raising antibody levels and the increased titers are very temporary decreasing in under 4 months. Therefore, the kneejerk reaction by vaccine proponents that we can mandate adults get their MMR shots every 5-10 years won't work. And it becomes readily apparent that we cannot vaccinate our way out of this problem (see pages 577-578). So, what do we do now? It's like squeezing toothpaste out of the tube. You can't put it back in!

### Talking point #4: We must achieve and sustain a 95% vaccination rate to maintain herd immunity-

We hear this all the time. We have to get all the children vaccinated to maintain "herd immunity". And, that this is what will protect the vulnerable that can't be vaccinated. The narrative about protecting herd immunity is designed to prop up vaccination efforts and public compliance. Yet, with an unprotected adult population, we are nowhere close to the 95% "immune" rate for measles to achieve herd immunity. In fact, as you will now see, CDC stats prove that we are nowhere close to it with any of the infectious diseases that vaccines are given for.

The CDC's website has a document titled, ***Trends in Adult Vaccination Coverage: 2010 to 2016***. That document is from the ***National Health Interview Survey*** and shows the percentages of the adult population who say they have been vaccinated against various infectious diseases. (also shown previously in ***1200 Studies***)

FIGURE. Estimated proportion of adults ≥19 years who received selected vaccines, by age group and increased risk status – National Health Interview Survey, United States, 2010–2016. See data file (1 sheet).




**Source**: https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html

Conspicuously, measles, mumps and Rubella are absent from the survey. I have searched extensively and have not found any other surveys where they were included. One has to ask the question why? Especially because the MMR vaccine is one of the mainstays of the vaccine paradigm, if not the holy grail itself. Is it because for adults, the vast majority of them post-vaccine era (under 60-years-old), would not have been vaccinated since pre-kindergarten and the survey designers would know that the percentage affirming that they are immunized against M, M or R would be extremely low? Or is it that vaccine researchers have known for some time now that the antibody titers wane rapidly and that adults would not be protected? Whatever the reason, the outcomes just wouldn't fit the narrative they are pushing, now would they?

In looking at the graph, realize that this is from the ***National Health Interview Survey***, where adults were asked if they had been vaccinated for various infectious diseases. Since we now know that immunity from vaccines tends to wane or decrease over time, in reality many of the adults answering in the affirmative as to their vaccination status and included in those percentages, would have most certainly lost that temporary immunity, and therefore don't really belong in that cohort of "vaccinateds"

anyway. That of course would drop those percentages even lower. In 2-6-year-olds, the vaccine coverage rates are in the 80-90% range, but they are just a small part of the herd (maybe 5%). And, persons under 18 years of age account for less than 20% of the entire population. The pro-vaccine herd immunity argument may hold water if all the young children were kept in a bubble, fully sequestered from all those adults who are not vaccinated, but we know that is not the case. We all live together mingling with cross-exposure in this big herd we call humanity. So, the reality is that their argument is really a talking point with no basis in fact. It is an intentional strategy used to create the appearance of a solution in order to achieve their objectives of full vaccination compliance in children. Also, consider that there is what is called primary vaccine failure. There is a subset of children that the vaccine just doesn't produce sufficient antibody response in. Vaccine proponents claim that this number is only about 5%. But other data suggests that the number may be higher. At any rate, even with 100% vaccine compliance in children, nearly 1 out of every 10 will remain unprotected.

In addition as just mentioned, vaccines have destroyed natural lifelong herd immunity that came from the immune response to wild measles infection, leading to a change in the demographics of the people getting the disease away from 4 to 12-year-olds (pre-vaccine demographics), where the disease is mildest to adults and infants (post-vaccine era demographics), two populations in which the disease causes much greater complications.

### Talking point #5: The MMR and MMRV will protect against all strains of measles-

There is now evidence emerging that as a result of intense vaccine pressure, the measles virus is mutating. A 2017 article from the ***Journal of Virology*** warns of this ominous signal, a discovery of what they are calling the D4.2 sub-genotype. So far, this "mutant" has been isolated in France and Great Britain. Experts calling these strains "escape mutants", warn that with an unprotected adult population (whose titers cannot be boosted as just mentioned), we face the potential of unprecedented outbreaks as a result. The mutant was not effectively neutralized when tested against sera from approximately 70 North American vaccinated individuals. The concern is that under high vaccination coverage, the virus is finding ways to survive. Given the short-term temporary immunity provided by vaccines, rather than a whole population that through childhood exposure to wild measles would maintain a lifelong robust protection against all measles variants, we are now at risk for wide-spread outbreaks.

The research is signaling a looming crisis, similar to what we have created with antibiotics. The over-prescribing of antibiotics has created mutations in bacteria that have outpaced the development of new antibiotics. Not only that, but these "superbugs" as they are called are much more virulent (deadly). Currently, well in excess of 100,000 people die annually in the U.S. from antibiotic resistant infections and it is only getting worse. Is it possible that we are setting ourselves up for a similar scenario with vaccines?

## Injuries and deaths from the Measles (MMR) Vaccine-

A historical look at the adverse reactions and deaths due to the measles vaccine and the MMR vaccine can be found on the ***National Vaccine Information Center's*** website at www.nvic.org . Pull up the article

titled, **Can Measles Vaccine Cause Injury and Death**? https://www.nvic.org/vaccines-and-diseases/measles/measles-vaccine-injury-death.aspx As reported in that article; "As of November 30, 2018, there have been more than 93,179 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 459 related deaths, 6,936 hospitalizations, and 1,748 related disabilities."

And these statistics are most certainly just a drop in the bucket, as according to CDC sponsored research, less than 1% of the adverse reactions from vaccines are ever reported to VAERS (Harvard Pilgrim Health Care Study https://www.ncbi.nlm.nih.gov/pubmed/?term=26060294 ). Consider the statistics above about adverse reactions and vaccine injuries just from the MMR vaccine and multiply by 100 (or add two zeros to those numbers), and you would be closer to the actual number of adverse vaccine reactions. Since there are in the neighborhood of 60,000 adverse reactions reported annually to VAERS, the true number is more likely to be around 6 million.

## The vaccine industry is allowed to operate in a liability-free environment with no oversight or accountability-

The vaccine industry has been given a liability free environment to operate in, thanks to the ***National Childhood Vaccine Injury Act of 1986 (NCVIA)***. This occurred because vaccine manufacturers were being forced out of business due to the increasing number of lawsuits from vaccine injury victims (see pages 387-389). It was essentially an ongoing bailout for the pharmaceutical industry. One that taxpayers are continuing to fund today. As a result, the NCVIA prompted the U.S. Government to set up the ***National Vaccine Injury Compensation Program (NVICP).*** This provided vaccine injured individuals the ability to attempt to recover damages (with a limited cap on awards), from vaccine injuries. The number of compensated awards each year is climbing steadily, with 2019 on track to be nearly triple the number awarded in 2018. Considering that 4.2 billion dollars have been paid out through the NVCIP to date and millions of dollars in awards are added to that total monthly, it proves that vaccines are far from safe for everyone as is implied relentlessly in the media.

Another consideration that has recently come to light as a result of a ***Freedom of Information Request*** filed by Robert F. Kennedy Jr. on behalf of the ***Informed Consent Action Network***, is the ***Department of Health and Human Services (HHS)*** which was charged with monitoring the actions of the vaccine manufacturer's practices and safety, essentially providing oversight protections for the American people, has been asleep at the wheel for the last 33 years. The task force required by Congress under the NVCIA was to include "the **Director of the *National Institute of Health (NIH)*** is the chair of the Task Force**,** which by statute also includes the **Commissioner of the *FDA* and the Director of the *CDC***."

This was their job as mandated by Congress…. *"Hence, since 1986, HHS has had the primary and virtually sole responsibility to make and assure improvements in the licensing, manufacturing, adverse reaction reporting, research, safety and efficacy testing of vaccines in order to reduce the risk of adverse vaccine reactions. In order to assure HHS meets its vaccine safety obligations, Congress required as part of the 1986 Act that the Secretary of HHS submit a biennial reports to Congress detailing the improvements in vaccine safety made by HHS in the preceding two years."*

In essence, they were to report the results of their oversight of the liability vaccine industry to Congress every 2 years. Guess how often that happened? According to HHS, they have no record of any report ever being filed! As you can see, clearly vaccines are far from harmless like we are told to believe. And it would appear that we cannot count on our government agencies tasked with keeping us safe to ensure that safety.

We certainly can't count on the vaccine industry to police itself. In a 78-page article dated March 30, 2019 by ***Gayle Delong*** and published on ***Research Gate*** titled, **Is "Delitigation" Associated with a Change in Product Safety? The Case of Vaccines**, the author uses very sophisticated analysis of the adverse events from vaccines before congress passed the National Childhood Vaccine Injury Act (NCVIA) in 1986 and compared them with after. An important conclusion from the research… The results suggest that product safety deteriorates when consumers are no longer able to sue manufacturers.

## Vaccine injuries from the accumulative effect of dozens of doses is not always immediately apparent-

Learn what thousands of scientists, researchers and doctors are saying in the peer-reviewed published literature about the dangers of the relentless increase of exposure to the rising number of vaccines early in life. They fear that we are trading mostly benign self-limiting childhood diseases for epidemics of chronic lifelong debilitating autoimmune, neurological, immunological and reproductive disorders. We have seen a meteoric rise in all these conditions, and that increase has tracked parallel to the dramatic increase in the number of doses of vaccines added to the CDC schedule over the last 60 years (from 8 doses to 72 doses by age 18 today, with 36 doses by 18 months of age). It is often said that correlation does not equal causation. And while that is true, we now have hundreds if not thousands of published studies identifying direct evidence of causation. You can read more about the association of the various ingredients in vaccines in the sections in ***1200 Studies*** on mercury, aluminum and the many other toxic vaccine ingredients that are implicated in dozens of these same adverse health conditions, many of which were rare or non-existent 60 years ago.

Another great fact and science based resource on the MMR vaccine can be found at www.physiciansforinformedconsent.org. They have 3 excellent evidence based position papers available for download on the measles and the MMR Vaccine.

## Benefits of childhood infectious diseases?

Studies over the last several years have also found benefits from getting naturally acquired measles as a child, including a reduced risk of Hodgkin's and non-Hodgkin's lymphomas, atopic diseases such as hay fever, eczema and asthma. Measles infections are also associated with a lower risk of mortality from cardiovascular disease in adulthood (see pages 650-653).

### A call for action-

It is time that an exhaustive INDEPENDENT (without the fingerprints of pharma), investigation be initiated to thoroughly exploring the safety and efficacy of vaccines and the risk vs. the reward of continuing the status quo. I would like to urge everyone to send this article to their state and federal elected representatives. Urge them to demand the establishment of an independent Vaccine Commission. I would like to nominate Robert F. Kennedy Jr. as the Chair overseeing the work of the commission. He is the Chairman of the ***Children's Health Defense*** organization (www.childrenshealthdefense.org ). He has the working knowledge and experience to facilitate an independent deep dive into the pseudo-science and alleged fraud behind vaccine safety studies and to investigate the potential conflicts of interest and bias in the regulatory agencies and the pro-vaccine studies, which are frequently funded by the pharmaceutical industry and authored by persons receiving financial rewards by that same industry. Our elected officials must consider the input of the growing number of non-conflicted scientists, researchers and medical doctors that are calling for this kind of uncorrupted and broad sweeping investigation.

### The right to opt out must be preserved-

What has been presented here is literally the tip of the iceberg. In the end what this boils down to, is an individual must continue to have the right to choose whether they believe the vaccine industry's claims of safety and efficacy, or the growing mountain of scientific evidence that contradicts those claims as presented in ***1200 Studies***. It is imperative that an individual can maintain the right to exercise control over the sanctity of theirs and their children's bodies. Where there is risk (which has been undeniably established), there must be full informed consent and the right to opt out (see pages 394-396). In light of all of the credibility gaps of the false talking points presented in this article and the obvious and well-documented risks of vaccines, freedom of choice and autonomy over one's own health must be preserved.

# The pertussis vaccine is also ineffective

## A whooping cough outbreak despite high immunization rates

A report dated June 12th, 2014 and aired on ***KPBS San Diego*** revealed that **85% (527), of the 621 people that contracted whooping cough in San Diego County were up to date on their immunizations against the disease.** http://www.kpbs.org/news/2014/jun/12/immunized-people-getting-whooping-cough/

When Immunity Fails: The Whooping Cough Epidemic, a documentary co-reported by ***KPBS*** and **inewsource,** examined the worst epidemic in California in 60 years. The investigation led to several scientific studies which found that immunity faded sooner than expected after people were vaccinated.

## Another whooping cough outbreak in immunized children

***Scientific American*** published an article in 2016 titled, **Whooping Cough Outbreak: How Effective Is the Vaccine?** The subtitle was, **Widespread pertussis vaccine use at a Florida preschool failed to keep the disease away from about three dozen students, staff and family members.**

The outbreak occurred in September 2013 at a Florida preschool in which **112 of the 117 students** were previously fully vaccinated **with up to 4 doses of the vaccine**. **The outbreak lasted five months and affected 26 preschoolers, 2 staff members and 11 family members of the students or staff at the facility. Experts looking at the scenario blamed "waning immunity" or the fact that the vaccine's effectiveness is short lived** as one of the causes for the outbreak. This weakness of many vaccines will be covered in more detail on the next page.
https://www.scientificamerican.com/article/whooping-cough-outbreak-how-effective-is-the-vaccine/

### The Journal Pediatrics confirms "waning immunity" to be a major flaw

The waning of the pertussis vaccine is discussed in a 2016 article published in the ***Journal Pediatrics*** titled, **Waning Tdap Effectiveness in Adolescents.** The conclusion of the article: **"Routine Tdap did not prevent pertussis outbreaks**. Among adolescents who have only received DTaP vaccines in childhood, Tdap provided moderate protection against pertussis during the first year and then **waned rapidly so that little protection remained 2-3 years after vaccination.**"
https://www.ncbi.nlm.nih.gov/pubmed/26908667

### The Journal of Infectious Diseases finds waning immunity of both Tdap brands

The ***Journal of Infectious Diseases*** published a 2014 article titled, **Estimating the effectiveness of tetanus-diphtheria-acellular pertussis vaccine (Tdap) for preventing pertussis: evidence of rapidly waning immunity and difference in effectiveness by Tdap brand.** The article looked at vaccine effectiveness of tetanus-diphtheria-acellular pertussis vaccine (Tdap) for preventing pertussis among adolescents during a statewide outbreak of pertussis in Wisconsin during 2012.
https://www.ncbi.nlm.nih.gov/pubmed/24903664

**CONCLUSIONS:**
**"Our results demonstrate waning immunity following vaccination with either Tdap brand."**

### Vaccine failure- Whooping cough rates continue to climb despite all-time high vaccination rates

A 2017 article from ***F1000 Research*** titled, **The Relationship Between Mucosal Immunity, Nasopharageal Carriage, asymptomatic Transmission and the Resurgence of Bordetella Pertussis**,

looks at the potential reasons for the resurgence of whooping cough despite all-time high vaccination rates. https://f1000research.com/articles/6-1568

**From the article:**
"The incidence of whooping cough in the US has been rising slowly since the 1970s, **but the pace of this has accelerated sharply since acellular pertussis vaccines replaced the earlier whole cell vaccines in the late1990s**. A similar trend occurred in many other countries, including the UK, Canada, Australia, Ireland, and Spain, following the switch to acellular vaccines. The key question is why. Two leading theories (**short duration of protective immunologic persistence and evolutionary shifts in the pathogen to evade the vaccine**) explain some but not all of these shifts, suggesting that other factors may also be
important."

"Poor persistence of anti-pertussis antibodies following aP vaccination: many studies have documented rapid declines in pertussis antibodies, **often to baseline concentrations, within as few as 2–3 years of the last aP vaccination (DTaP or Tdap)**, and these declines coincide with falling clinical efficacy. Klein et al. estimated a 42% increase in the odds of acquiring clinical pertussis disease per year since the fifth dose of DTaP. Similarly, a meta-analysis by McGirr and Fisman estimated that **the odds of pertussis disease increased by 33% for each year after the last aP vaccination**, **such that only 10% of fully vaccinated infants would remain protected after a median of 8.5 years."**

"In our view, we are approaching a critical decision point. In the US, pertussis rates and infant pertussis deaths are now at a 70-year high, and despite record uptake of aP vaccines, pertussis rates in the US have continued to rise, **casting doubt on whether further increasing aP vaccine coverage can ever compensate for their fundamental limitations**. Stanley Plotkin, among others, has offered several possible approaches to deal with this situation: (i) a return to the reactogenic wP vaccines (which would be challenging given our increasingly vaccine-averse population); (ii) integration of wP and aP vaccines in the infant schedules (also a difficult "sell", notwithstanding that there are no longer any wP vaccines licensed in the US); (iii) attempts to broaden and enhance the immunogenicity of aP vaccines by adding in lipopolysaccharide or novel adjuvants; or (iv) developing new pertussis vaccines, including live-attenuated nasal vaccines that could be delivered directly at the NP mucosa specifically to enhance mucosal immunity."

Certainly, reverting to a whole cell more reactogenic vaccine that will cause a higher rate of adverse reactions is not a viable solution. In my mind, the best strategy for parents is to embrace and implement an immune supportive diet and lifestyle for their infants and young children. Remember the "Terrain" or "Germ" debate? Focusing on creating a terrain that is inhospitable for pathogenic microorganisms is a great place to start.

## Whooping cough vaccines don't cover all strains, are of short duration and contribute to mutant strains

This study published in the Journal ***Vaccine*** titled, **Imperfect vaccine-induced immunity and whooping cough transmission to infants**, raises serious concerns about mutant strains and ineffectiveness. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2997163/pdf/nihms247974.pdf

"**Whooping cough, caused by Bordetella Pertussis and Bordetella Parapertussis, has increased in incidence throughout much of the developed world since the 1980s despite high vaccine coverage, causing an increased risk of infection in infants who have substantial disease-induced mortality.** Duration of immunity and epidemically significant routes of transmission across age groups remain unclear and deserve further investigation to inform vaccination strategies to better control pertussis burden. The authors analyze age- and species-specific whooping cough tests and vaccine histories in Massachusetts from 1990–2008. On average, the disease-free duration is 10.5 years. However, it has been decreasing over time, possibly due to a rising force of infection through increased circulation. Despite the importance of teenage cases during epidemics, wavelet analyses suggest that they are not the most important source of transmission to infants. In addition, the data indicate that the B. pertussis vaccine is not protective against disease induced by B. parapertussis." *(which the study indicated is about 10% as common).*

**The study also indicated that the group most likely to get the B. parapertussis infection is 5-10 year olds that had already been vaccinated for B. pertussis**. "It primarily caused whooping cough in 5–10 year olds, who are expected to have strong vaccine-induced immunity against *B. pertussis."*

**The vaccine's effectiveness is of short duration: "…the mean and median times from last vaccination to infection between 6.5 and 7 years for both**."

The authors propose that **the mutation of strains of the B. pertussis is in part responsible** for the evolution of more potent strains. Page 7… "Another potential explanation is that vaccine-driven pathogen evolution selected for a strain that **can infect more quickly or symptomatically after vaccination."**

# The HPV Vaccine- An ongoing horror story

## Profiting from biased estimates of vaccine safety and effectiveness

I have dedicated a significant amount of content (16 pages), to this next section on the Gardasil Vaccine, and for good reason. Gardasil has been responsible for the largest number of adverse drug reactions of all vaccines currently in use.

## The Gardasil Story- A horrific trail of damaged children is based on weak science and deception

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482043/ This article was published in the ***American Journal of Public Health*** 2012 and titled **Who Profits from Uncritical Acceptance of Biased Estimates of Vaccine Efficacy and Safety?** It specifically addresses Gardasil's horrific history of a high incidence of severe side effects in those receiving the vaccine and the fact that there has never been any proof of benefit to those individuals.

**Quotes:** "The exclusive reliance on Merck for scientific information on behalf of the legislators is unfortunate, especially in the light of independent research which has repeatedly warned that drug companies may manipulate clinical trial designs and subsequent data analysis and reporting to make their drugs look better and safer. Indeed, **careful scrutiny of Gardasil clinical trials shows that their design, as well as data reporting and interpretation, were largely inadequate**."

"Given this, the widespread public optimism regarding Gardasil's clinical benefits appears to rest on an extremely weak base built on a number of untested assumptions and significant misinterpretation of factual evidence. For example, **the claim that Gardasil vaccination will result in approximately 70% reduction of cervical cancers is made despite the fact that the clinical trial data have not demonstrated to date that the vaccine has actually prevented a single case of cervical cancer (let alone cervical cancer death)"**

"**A second equally fallacious claim is that lifelong protection arises from three vaccine doses, although clinical trial follow-up data do not extend beyond five years. The third claim is that Gardasil may induce only minor side effects of negligible clinical importance, although such conclusions are only supported by highly flawed safety trials design."**

"Additionally, we note **evidence of biased and selective reporting of results** from clinical trials, that is, **exclusion** of particular vaccine efficacy figures from peer-reviewed publications, such as those related to study subgroups **in which efficacy might be lower or even negative**."

"All of the above issues suggest that the information presented by Merck to the public and the various state legislators concerning Gardasil safety and true prophylactic value **were incomplete and inaccurate and thus inevitably misleading,** particularly in light of data from various vaccine safety surveillance systems and case reports that **continue to raise significant concerns regarding the safety of Gardasil."**

**The article then presents a table that shows the percentage of adverse reactions to Gardasil compared with all other vaccine reactions reported to the Vaccine Adverse Event Reporting System (VAERS). Gardasil is responsible for 46.1% of all reported adverse reactions, with the vaccine being responsible for 81.2% of those individuals that were permanently disabled and 63.8% of those that died as a result of a vaccine reaction.**

**Finally, the conclusion….** "Keeping in mind that "the primary interest of a pharmaceutical company is developing and selling pharmaceutical product," **one must ask whether rational vaccine policy decisions should be based on conclusions derived from an uncritical acceptance of flawed vaccine safety and efficacy estimates provided by the vaccine manufacturer**. Failure to adhere to principles of evidence-based medicine with respect to Gardasil promotion and vaccination policymaking inevitably

raises the question of whether we have learned anything from the Vioxx debacle." (Vioxx was an anti-inflammatory drug made by Merck). Vioxx caused the deaths of more than 60,000 people in addition to causing countless heart attacks before it was withdrawn from the market in 2004. **Merck used ghost written studies to support its claim that Vioxx was safe and effective**. In a 2008 editorial published in the ***Journal of the American Medical Association***, it was questioned as to whether Merck might have deliberately manipulated dozens of studies published in the medical literature to falsely promote Vioxx).

So, do you still think you can trust the drug companies like Merck? Merck is also one of the largest vaccine manufacturers, producing Gardasil which as I mentioned, is responsible for the vast majority of adverse reactions to vaccines. They also produce MMR, tuberculosis, meningococcal, hepatitis A and B, pneumococcal, varicella (chicken pox) and zoster (shingles) vaccines among others.

## Let's look deeper into what scientists say about the serious adverse reactions and debilitating conditions tied to the HPV Vaccine

https://www.ncbi.nlm.nih.gov/pubmed/23369430 this article from the ***Journal Infectious Agents and Cancer*** in 2013 titled, **HPV vaccines in cancer prevention, science versus activism**, is a stark assessment of the bad science (pseudoscience) that has pushed this agenda on millions of children worldwide.

**The Summary:** "**The rationale behind current worldwide human papilloma virus (HPV) vaccination programs starts from two basic premises, 1) that HPV vaccines will prevent cervical cancers and save lives and, 2) have no risk of serious side effects. Therefore, efforts should be made to get as many pre-adolescent girls vaccinated in order to decrease the burden of cervical cancer**. **Careful analysis of HPV vaccine pre- and post-licensure data shows however that both of these premises are at odds with factual evidence and are largely derived from significant misinterpretation of available data.**"

### Ten percent of women receiving the HPV vaccine had an emergency room visit or were hospitalized in the following 42 days

http://www.sciencedirect.com/science/article/pii/S0264410X16002036 This 2016 article from the Journal ***Vaccine*** titled, **Adverse events following HPV vaccination, Alberta 2006–2014** demonstrates the high rates of reactions to the HPV vaccine. From the article:

Over the period 195,270 females were vaccinated

- 19,351 *(10%)* had an ED visit within 42 days of immunization.
- 958 were hospitalized

**The conclusion:** Conclusions: Rates of adverse events after HPV immunization in Alberta are low and consistent with types of events seen elsewhere. **LOW! Approximately 10% of women receiving the HPV vaccine had an emergency room visit within 42 days of the immunization and 958 hospitalized!**

Well, I guess everything is relative, when you asked the question low compared to what? The reason they said it was low is because the article states that **the rates of these reactions to HPV in the U.S. are 50% higher.** Some consolation. There is an article from the ***Journal of the American Medical Association*** published in 2009 showing rates of adverse events of various kinds in the U.S. Regardless, that is anything but low!
https://www.ncbi.nlm.nih.gov/pubmed/19690307 Read more on this study in a couple of pages.

## Damage to ovarian function by the HPV vaccine has not been studied

A case study reported in the ***Journal of Investigative Medicine in 2014***, identified a lack of scientific research and oversight of the HPV Vaccine. This report evaluated three young women that developed **Premature Ovarian Insufficiency (P.O.I.), which is essentially premature menopause and infertility** following the HPV Vaccine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4528880

**From the study:**

"Long-term follow-up data after HPV vaccination **has not** surveyed ovarian function, recorded, measured, or analyzed symptoms or signs of dysfunction. Disparagement of adverse event reporting by licensing bodies' instruction to health providers that "there is no biologically plausible way in which HPV vaccine could cause infertility" **lacks science and compromises safety** monitoring by undermining "reporting efficiency", safety signaling and informed consent."

**The authors go on to urge that the science be done to properly determine the safety of the HPV Vaccine.**

"Principles of informed consent, population health, and vaccine confidence require careful, rigorous and independent research to establish ovarian safety following HPV vaccination."

## Researchers find that the HPV vaccine can trigger a life-altering autoimmune response

A 2013 case study of three young women, published in the ***American Journal of Reproductive Immunology***, found the HPV vaccine had caused the autoimmune ASIA syndrome. The study titled, **Human papilloma virus vaccine and primary ovarian failure**, had some very critical things to say about the potential for adverse reactions following HPV vaccination.
https://www.ncbi.nlm.nih.gov/pubmed/23902317

**From the article:** "All three patients developed secondary amenorrhea following HPV vaccinations, which did not resolve upon treatment with hormone replacement therapies…. **specific auto-antibodies were detected (antiovarian and anti thyroid), suggesting that the HPV vaccine triggered an autoimmune response**. All three patients experienced a range of common non-specific post-vaccine symptoms including nausea, headache, sleep disturbances, arthralgia and a range of cognitive and psychiatric disturbances. According to these clinical features, a diagnosis of primary ovarian failure (POF) was determined which also fulfilled the required criteria for the ASIA syndrome."

**CONCLUSION: "We documented here the evidence of the potential of the HPV vaccine to trigger a life-disabling autoimmune condition**. The increasing number of similar reports of post HPV vaccine-linked autoimmunity and the uncertainty of long-term clinical benefits of HPV vaccination are a matter of public health that **warrants further rigorous inquiry**."

**Unfortunately, over four years later that rigorous inquiry has not yet been done.**

## A study from the Journal of the American Medical Association, reveals that adverse events from the HPV vaccine are very high and hints that the actual numbers may be significantly higher

A study published in the ***Journal of the American Medical Association (JAMA)*** in 2009, titled **Post-licensure safety surveillance for quadrivalent human papillomavirus recombinant vaccine**
https://www.ncbi.nlm.nih.gov/pubmed/19690307

**From the Study:**
**Conclusion:** "Most of the Adverse Events from Immunization (AEFI), rates were not greater than the background rates compared with other vaccines, but there was disproportional *(higher)* reporting of syncope *(fainting)* and venous thromboembolic events *(blood clots)*. The significance of these findings must be tempered with the limitations (possible underreporting) of a passive reporting system."

**Here is where it gets interesting. When you look at the number of reported events, here is what they show… There is 1 AEFI for every 1,855 doses. Since they recommend 3 doses per person, if all had their 3 doses it means that there is 1 AEFI for every 618 persons immunized. Now consider the last sentence of the previous paragraph *(The significance of these findings must be tempered with the limitations (possible underreporting) of a passive reporting system).* Government statisticians cite that only somewhere between 1% to 10% of vaccine adverse reactions are even reported to the passive reporting system! So, if this study reported 1 AEFI for every 618 persons and 90% of adverse reactions are not reported, what are the REAL numbers? *(Read more about the criticism of this article by Dr. Diane Harper, a former lead researcher from Merck in a couple pages).***

## Another study detailing some of the more common adverse effects of the HPV vaccine:

**Many researchers are now calling this spectrum of adverse reactions Human Papilloma Virus Vaccination Syndrome.**

This 2015 study also from the Journal ***Vaccine*** also correlates the HPV vaccine with the same significant side effects. The study titled, **Orthostatic intolerance and postural tachycardia syndrome as suspected adverse effects of vaccination against human papilloma virus (HPV)**, is just one more of many studies linking the HPV vaccine with this unique subset of adverse side effects. This study reports on a syndrome characterized by orthostatic intolerance (dizziness or fainting when standing), headache, fatigue, cognitive dysfunction, and neuropathic pain starting in close relation to HPV vaccination. The syndrome

has been called **Postural Orthostatic Tachycardia Syndrome (POTS).**
https://www.ncbi.nlm.nih.gov/pubmed/?term=25882168

**CONCLUSION:**
"In a population referred for symptoms of orthostatic intolerance and other symptoms consistent with autonomic dysfunction **that began in close temporal association with a quadrivalent HPV vaccination**, **we identified a 60% prevalence of postural orthostatic tachycardia syndrome (POTS)**. Further work is urgently needed to elucidate the potential for a causal link between the vaccine and circulatory abnormalities and to establish targeted treatment options for the affected patients."

## Debilitating syndromes linked to HPV Vaccine

https://www.ncbi.nlm.nih.gov/pubmed/?term=25990003 This 2015 study published in the Journal of ***Clinical Rheumatology*** titled, **Human papillomavirus vaccination syndrome – small fiber neuropathy in dysautonomia could be its underlying pathogenesis**, puts forth a theory as to the cause of the very severe reactions seen in some individuals receiving the HPV vaccine.

**From the article:**
"However, seemingly inexplicit adverse reactions have been described after the injection of the newer vaccines vs. human papillomavirus (HPV). The symptoms more often reported are chronic pain with paresthesias (numbness and tingling), headaches, fatigue, and orthostatic intolerance (dizziness or fainting when standing). **Adverse reactions appear to be more frequent after HPV vaccination when compared to other type of immunizations**. Different isolated cases and small series have described the development of complex regional pain syndrome (CRPS), postural orthostatic tachycardia syndrome (POTS), and fibromyalgia after HPV vaccination. These are illnesses often difficult to diagnose that have overlapping clinical features. Sympathetic nervous system dysfunction seems to play a major role in the pathogenesis of these syndromes. Also, small fiber neuropathy has been recently recognized in CRPS, POTS, and fibromyalgia."

**"Clinicians should be aware of the possible association between HPV vaccination and the development of these difficult to diagnose painful dysautonomic syndromes."**

## Natural Health 365 posts individual stories of young girls and teens that have been paralyzed by the HPV vaccine

17-year-old girl paralyzed- https://www.naturalhealth365.com/hpv-vaccine-gardasil-2467.html

13-year-old girl confined to a wheel chair- https://www.naturalhealth365.com/hpv-vaccine-injury-2261.html

12-year-old girl paralyzed from the neck down- https://www.naturalhealth365.com/hpv-vaccine-injury-2198.html

3 Danish girls suffer paralysis- https://www.naturalhealth365.com/hpv-vaccine-side-effects-vaccinations-1520.html

## Another study identifying autonomic dysfunction after HPV vaccination

https://www.ncbi.nlm.nih.gov/pubmed/26354426 this study from 2015 and published in the Journal ***Clinical Rheumatology*** titled, **HPV vaccination syndrome. A questionnaire – based study** indicates that these adverse reactions are a result of advanced autonomic dysfunction. The results also indicate that the vast majority of these individuals suffer unremitting symptoms for many years post-vaccination.

"COMPASS-31 score was 43 ± 21, implying advanced autonomic dysfunction."

"**After a mean period of 4.2 ± 2.5 years post-vaccination, 93% of patients continue to have incapacitating symptoms and remain unable to attend school or work. In conclusion, a disabling syndrome of chronic neuropathic pain, fatigue, and autonomic dysfunction may appear after HPV vaccination**."

## A former lead scientist that worked on Gardasil speaks out, criticizing safety claims

***Dr. Diane Harper*** one of Merck's lead researchers on the Gardasil vaccine, speaks out in a CBS news interview from 2009. https://www.cbsnews.com/news/gardasil-researcher-speaks-out/

From the article:

"Dr. Diane Harper says **young girls and their parents should receive more complete warnings before receiving the vaccine to prevent cervical cancer**. Dr. Harper helped design and carry out the Phase II and Phase III safety and effectiveness studies to get Gardasil approved, and authored many of the published, scholarly papers about it. She has been a paid speaker and consultant to Merck. It's highly unusual for a researcher to publicly criticize a medicine or vaccine she helped get approved."

"Dr. Harper joins a number of consumer watchdogs, vaccine safety advocates, and parents who question the vaccine's risk-versus-benefit profile. She says data available for Gardasil shows that it lasts five years; there is **no data showing that it remains effective beyond five years**."

This raises questions about the CDC's recommendation that the series of shots be given to girls as young as 11-years old. "**If we vaccinate 11-year olds and the protection doesn't last... we've put them at harm from side effects, small but real, for no benefit," says Dr. Harper**. "**The benefit to public health is nothing, there is no reduction in cervical cancers**, they are just postponed, unless the protection lasts for at least 15 years, and over 70% of all sexually active females of all ages are vaccinated." **She also says that enough serious side effects have been reported after Gardasil use that the vaccine could prove riskier than the cervical cancer it purports to prevent**. **Cervical cancer is usually entirely curable when detected early through normal Pap screenings.**

***(The Screening Pap test (or smear), is a simple procedure in which a number of cells are collected from the cervix, smeared onto a microscope slide and sent to a laboratory for cytological examination to***

***look for changes that might lead to cervical cancer. It is named after the test's inventor, Dr Papanicolaou).***

## Dr. Harper cites statistics as to how low the percentage of women infected with HPV is, that go on to contract cervical cancer

Cervical tissue health is graded in 5 levels. Level 1 is normal. Level 5 is cancer. Levels 2, 3, and 4 are a gradient of gradually increasing changes of the cells and are termed C.I.N. 1, 2, and 3. CIN stands for ***Cervical intraepithelial lesion.*** This is what is reported on a PAP Smear test result. CIN 1 is used for mild (low-grade) changes in the cells that usually go away on their own without treatment. CIN 2 is used for moderate changes. CIN 3 is used for more severe (high-grade) changes. Moderate and high-grade changes can progress to cancer. For this reason, they may be described as "precancer."

According to Dr. Harper in an interview shown in the documentary called "***One More Girl***"….
*(red edits are my summations)*
Of all the women who get an HPV infection, approximately 70% of those will clear that infection all by themselves in the first year. You don't even have to detect it or treat it. Within 2 years, approximately 90% of those women will clear it all by themselves. By 3 years, you will have 10% of that original group of women left who still have an HPV infection, and 5% of this 10% will have progressed into a CIN 2 or 3 precancerous lesion *(that is one-half of 1% of those who contracted an HPV infection, or one out of every 200 women that contracted an HPV infection. That is equivalent to 5 in 1,000)*. "So, now you have that small group of women who have precancerous lesions and now let's look at that moving into invasive carcinoma. What we know then, is that amongst women with precancerous (CIN 3) lesions it takes 5 years for about 20% of them to become invasive carcinomas *(so, out of the 5 in 1,000 that got HPV and their body didn't clear it by themselves, one in every 5 of those women will progress to cancer in 5 years. That is 1 out of the 1,000 who got HPV)*. That's a pretty slow process. It takes about 30 years for 40% of them to become invasive cervical carcinomas." *(in other words, of the 5 in 1,000 that got an HPV infection and their body didn't clear it and it progressed into a precancerous lesion, 2 of them will develop cervical cancer as a result* ***within 30 years****)*. Thirty-years is a long time, allowing ample opportunity to discover these slow cellular changes from regular PAP-Smear exams. That is why in every interview she gives, Dr. Harper continues to stress the importance of regular PAP-Smear exams whether a woman has had the HPV vaccine or not. That is the best prevention measure for avoiding developing cervical cancer. The HPV vaccine based on VAERS reports, has the highest rates of serious adverse reactions of any vaccine on the schedule. Once again, each person has to weigh the risk vs. benefit. Based on what one of the foremost experts in the world on the HPV vaccine and cervical cancer has to say about the risks of developing cervical cancer even if one contracts an HPV infection and the risk of vaccine adverse reactions to the HPV vaccine, my money is on regular PAP-Smear exams. But each person must decide for themselves.

As a footnote; the name of the documentary about the adverse effects that the Gardasil vaccine is having on so many girls and young women ***One More Girl***, is a take-off of the marketing campaign that Merck, the manufacturer of Gardasil ran they called ***One Less Girl***.

***Dr. Scott Ratner*** and his wife, who's also a physician, expressed similar concerns as Dr. Harper in an interview with CBS News last year. One of their teenage daughters became severely ill after her first dose of Gardasil. Dr. Ratner says she'd have been better off getting cervical cancer than the vaccination. "My daughter went from a varsity lacrosse player at Choate to a chronically ill, steroid-dependent patient with autoimmune myofasciitis. I've had to ask myself why I let my eldest of three daughters get an unproven vaccine against a few strains of a nonlethal virus that can be dealt with in more effective ways."

## Studies often mask risk by deceptive means of calculation- HPV is a perfect example

### Gardasil has been associated with at least as many serious adverse events as there are deaths from cervical cancer developing each year

Indeed, the risks of vaccination are underreported in Slade's article, as **they are based on a denominator of doses distributed from Merck's warehouse**. Up to a third of those doses may be in refrigerators waiting to be dispensed as the autumn onslaught of vaccine messages is sent home to parents the first day of school. **Should the denominator in Dr. Slade's work be adjusted to account for this, and then divided by three for the number of women who would receive all three doses, the incidence rate of serious adverse events increases up to five-fold.** How does a parent value that information," said Harper. *(Dr. Barbara Slade works for the CDC and wrote a 2009 article in JAMA assessing risk of the Gardasil Vaccine.* https://www.ncbi.nlm.nih.gov/pubmed/?term=19690307 *).*

## Annals of Medicine cites a laundry list of severe adverse effects from the HPV vaccine and report the unsustainable impact of the vaccine program

A study published in 2011 in the ***Annals of Medicine*** titled, **Human papillomavirus (HPV) vaccine policy and evidence-based medicine: are they at odds?**, reports on compelling evidence that the risks of HPV Vaccine far outweigh the benefits in industrialized countries.
https://www.ncbi.nlm.nih.gov/pubmed/22462602

**From the article:**

"**All drugs are associated with some risks of adverse reactions. Because vaccines represent a special category of drugs, generally given to healthy individuals, uncertain benefits mean that only a small level of risk for adverse reactions is acceptable. Further-more, medical ethics demand that vaccination should be carried out with the participant's full and informed consent. This necessitates an objective disclosure of the known or foreseeable vaccination benefits and risks**. The way in which HPV vaccines are often promoted to women indicates that such disclosure is not always given from the basis of the best available knowledge. For example, while the world's leading medical authorities state that HPV vaccines are an important cervical cancer prevention tool, **clinical trials show no evidence that HPV vaccination can protect against cervical cancer. Similarly, contrary to claims that cervical cancer is the**

**second most common cancer in women worldwide, existing data show that this only applies to developing countries. In the Western world cervical cancer is a rare disease with mortality rates that are several times lower than the rate of reported serious adverse reactions (including deaths) from HPV vaccination.** Future vaccination policies should adhere more rigorously to evidence-based medicine and ethical guidelines for informed consent."

"**Cumulatively, the list of serious adverse reactions related to HPV vaccination worldwide includes deaths, convulsions, paraesthesia, paralysis, Guillain–Barré syndrome (GBS), transverse myelitis, facial palsy, chronic fatigue syndrome, anaphylaxis, autoimmune disorders, deep vein thrombosis, pulmonary embolisms, and cervical cancers." Nervous system and psychiatric disorders were the most prominent adverse reactions found in a study from western Europe. The most commonly reported Adverse Reactions in the nervous system and psychiatric disorders class were headache, syncope, convulsions, dizziness, hypoaesthesia, paraesthesia, lethargy, migraine, tremors, somnolence, loss of consciousness, dysarthria, epilepsy, sensory disturbances, facial palsy, grand mal convulsion, dysstasia, dyskinesia, hallucination, and insomnia**."

While cervical cancer is a real threat the vast majority of cases occur in under-developed countries because Pap smear testing is not readily available. From the article… "Although approximately 275,000 women die annually from cervical cancer worldwide, almost 88% of these deaths occur in developing countries."

"**The efficacy of regular Pap screening procedures in developed countries is further emphasized by the fact that such programmes helped to achieve a 70% reduction in the incidence of cervical cancer over the last five decades**."

**"It should be emphasized that HPV vaccination does not make Pap screening obsolete, especially since the current HPV vaccines guard only against 2 out of 15 oncogenic HPV strains**. Harper noted that if HPV-vaccinated women stopped going for Pap smears, the incidence rate of cervical cancer would increase. A similar concern was also raised by French and Canadian researchers who suggested the possibility that vaccinated women might be less inclined to participate in screening programmes."

**Unsustainable Costs: "According to some estimates, to vaccinate every 11- and 12-year-old girl in the US would cost US $1.5 billion and to protect only these girls for a lifetime would cost US $7.7 billion. If we were to estimate just the cost of initial vaccination excluding the booster shots for 11- and 12-year-old girls, in ten years the US would spend at least $15 billion of limited health care dollars on Gardasil alone. Who then reaps the benefit at no risk from making the HPV vaccine mandatory? The customer or the manufacturer?"**

## In 2016, The American College of Pediatricians expresses new concerns regarding the HPV vaccine and the dangers to adolescent females of early menopause

A Report released by the ***American College of Pediatricians*** titled, **New Concerns about the Human Papillomavirus Vaccine**, ***raises questions about the use of Polysorbate 80 and aluminum as the "placebo" in Gardasil trials, and the potential that some girls may be developing premature***

***menopause (ovarian failure) as a result***. http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine

## Once again, vaccine makers used ingredients in their "placebo" that masked adverse effects that would have shown up in the trials if saline solution would have been used as the placebo

**From the report:**
"Few other vaccines besides Gardasil® that are administered in adolescence contain polysorbate 80. **Prelicensure safety trials for Gardasil used placebo that contained polysorbate 80 as well as aluminum adjuvant**. **Therefore, if such ingredients could cause ovarian dysfunction, an increase in amenorrhea probably would not have been detected in the placebo-controlled trials*.** Furthermore, a large number of girls in the original trials were taking hormonal contraceptives which can mask ovarian dysfunction including amenorrhea and ovarian failure. Thus, a causal relationship between human papillomavirus vaccines (if not Gardasil® specifically) and ovarian dysfunction cannot be ruled out at this time."

****This is insane and another example of the pharmaceutical companies intentionally masking the rates of the adverse reactions in the clinical trials to push these drugs to market! And as a result, thousands of beautiful children and young adults are maimed, many for life.***

"Many adolescent females are vaccinated with influenza, meningococcal, and tetanus vaccines without getting Gardasil®, and yet only 5.6% of reports related to ovarian dysfunction since 2006 are associated with such vaccines in the absence of simultaneous Gardasil® administration. **The overwhelming majority (76%) of VAERS reports since 2006 with ovarian failure, premature menopause, and/or amenorrhea are associated solely with Gardasil®**."

"**Nevertheless there are legitimate concerns that should be addressed: (1) long-term ovarian function was not assessed in either the original rat safety studies or in the human vaccine trials, (2) most primary care physicians are probably unaware of a possible association between HPV4 and POF and may not consider reporting POF cases or prolonged amenorrhea (missing menstrual periods) to the Vaccine Adverse Event Reporting System (VAERS), (3) potential mechanisms of action have been postulated based on autoimmune associations with the aluminum adjuvant used and previously documented ovarian toxicity in rats from another component, polysorbate 80, and (4) since licensure of Gardasil® in 2006, there have been about 213 VAERS reports (per the publicly available CDC WONDER VAERS database) involving amenorrhea, POF or premature menopause, 88% of which have been associated with Gardasil**."

## A 2018 study shows the HPV vaccine shown to lower a woman's chance of getting pregnant

A 2018 study from the ***Journal of Toxicology and Environmental Health*** titled, **A lowered probability of pregnancy in females in the USA aged 25-29 who received a human papillomavirus vaccine injection**, finds that a disproportionate percentage of women that have had the HPV vaccine have been unable to conceive versus the women that have never had the shot. As you have and will see again in this document, the HPV Vaccine has been associated with a condition called Premature Ovarian Insufficiency

making them infertile, which is essentially early menopause.
https://www.ncbi.nlm.nih.gov/pubmed/?term=29889622

**The Abstract:**
"Birth rates in the United States have recently fallen. **Birth rates per 1000 females aged 25-29 fell from 118 in 2007 to 105 in 2015. One factor may involve the vaccination against the human papillomavirus (HPV). Shortly after the vaccine was licensed, several reports of recipients experiencing primary ovarian failure emerged. This study analyzed information gathered in *National Health and Nutrition Examination Survey*, which represented 8 million 25-to-29-year-old women residing in the United States between 2007 and 2014. Approximately 60% of women who did not receive the HPV vaccine had been pregnant at least once, whereas only 35% of women who were exposed to the vaccine had conceived. For married women, 75% who did not receive the shot were found to conceive, while only 50% who received the vaccine had ever been pregnant.** Using logistic regression to analyze the data, the probability of having been pregnant was estimated for females who received an HPV vaccine compared with females who did not receive the shot. **Results suggest that females who received the HPV shot were less likely to have ever been pregnant than women in the same age group who did not receive the shot. If 100% of females in this study had received the HPV vaccine, data suggest the number of women having ever conceived would have fallen by 2 million. Further study into the influence of HPV vaccine on fertility is thus warranted.**"

## Public interest group that investigates government corruption releases records of deaths after Gardasil Vaccination

Even the independent watchdog group, ***Judicial Watch*** has expressed serious concerns about the harmful effects of Gardasil. In an article titled, **New FDA Records Obtained by Judicial Watch Indicate 28 Deaths Related to Gardasil in 2008**, they raise concerns that the safety studies have not been done.

https://www.judicialwatch.org/press-room/press-releases/new-fda-records-obtained-judicial-watch-indicate-28-deaths-related-gardasil-2008/

**From the article:**

Judicial Watch, the public interest group that investigates and prosecutes government corruption, **announced today that it has** obtained records from the Food and Drug Administration (FDA) **documenting 28 deaths in 2008 associated with Gardasil**, the vaccination for human papillomavirus (HPV), up from 19 deaths in 2007. **The total number of Gardasil-related deaths is 47 since the vaccine was approved in 2006**. ***(My comment: Bear in mind that this is only from 2006 through 2008. Imagine what that number may be through 2018 as the program has expanded!)*** **Overall, the FDA documented 6,723 "adverse events" related to Gardasil in 2008, of which 1,061 were considered "serious," and 142 considered "life threatening."**

**The following are several "adverse events" documented by the FDA's Vaccine Adverse Event Reporting System (VAERS):**

- "15 months from the completion of the GARDASIL HPV vaccination, I had full blown cervical cancer. My oncologist would like to do a hysterectomy at this time, but [as I have] always

wanted children, I have chosen to wait . . . I have two of the [strains] that the shot is supposed to prevent . . . I now have cervical cancer and I am left wondering what role the GARDASIL HPV vaccination played in the hasty onset." (ID: 319836)

- "After receiving her second dose of GARDASIL … she could crawl but … needed to use crutches or a wheel chair … She was experienced problems breathing and had 'super migraines' that never went away … She had swelling in her face, jaw and wrists. The patient was diagnosed with GUILLAIN-BARRE syndrome, myelin sheath degeneration and peripheral neuropathy. Patient was hospitalized twice … patient has not recovered from symptoms." (ID: 318052)
- A 19-year-old girl with no medical history immediately experienced side effects after receiving the Gardasil vaccine. Within eleven days her symptoms included "Aggression, Arthralgia, Complex partial seizures, Confusional state, Convulsion, Crying, Dizziness, Epilepsy, Fatigue, Feeling abnormal, Grand mal convulsion, Immediate post-injection reaction, Irritability, Myalgia, Nausea, Pain, Postictal state, Somnolence, Syncope, Tremor, and Unresponsive to stimuli." (ID: 320598)
- "Two weeks after the third dose, the patient developed a complication. She was taken to the hospital by ambulance but passed away during the transport from an unknown cause…Upon arrival in ER unresponsive, pupils fixed and dilated, no cardiac activity. Resuscitation unsuccessful and patient expired." (ID: 314769)

**The FDA VAERS reports show that since last June, 235 cases detailed permanent disability. There were also 29 new cases of Guillain-Barre Syndrome, and 147 cases of "spontaneous abortions," or miscarriages, when the vaccine was given to pregnant women.**

Moreover, 62 girls developed warts after receiving the vaccine. This development is of particular concern because Gardasil, which is designed to prevent two strains of genital warts, is not supposed to react with other HPV strains. However, not only did previously healthy women experience genital warts after the vaccination, but 21 girls developed warts on other areas, most commonly the face, hands and feet, and in one case, "all over her body." (ID: 330671)

Of the 47 reported deaths, 41 occurred within a month of receiving the vaccine and of those 17 were within two weeks or receiving the vaccine. In most of the deaths the cause is still unknown.

"**The FDA is supposed to be a guardian of public health, and yet the agency continues to turn a blind eye to what seems to be an extremely serious public health problem**. The public relations push for Gardasil by Merck, politicians and public health officials needs to pause so that these adverse reactions can be further studied," **said Judicial Watch President Tom Fitton**. "**The already serious problems associated with Gardasil seem to be getting worse. No one should require this vaccine for young children.**"

## Robert F. Kennedy Jr. accuses Merck of numerous instances of fraud on the Gardasil vaccine trials and brilliantly makes his case

**In this brilliant prosecution of Merck for what he calls blatant fraud, Robert F. Kennedy Jr. presents his case and challenges Merck to sue him if they feel he is not telling the truth.**

This section on RFK Jr's presentation is 16 pages long. It is WELL WORTH taking the time to read it in its entirety and get the full context and story in his own words. But just in case you don't want to do that. I am going to summarize some of the main points for you at the beginning. As usual, I have also bolded and red lettered the main take-aways of the transcript itself to help you cut to the chase. Even better yet, if you have 50 minutes to watch his presentation, you will have the opportunity to see him in action, view his charts and statistics and see him in the role of a prosecuting attorney, effectively making his case for his accusations of fraud by Merck.

Watch the video here: https://childrenshealthdefense.org/video/video-playlist/rfk-jr-video-and-facts-about-gardasil/

**A couple of statistics to start:**

The danger of dying from cervical cancer in this country is 1 death in 43,500 people. Recent studies show that only approximately a third of those relate to the HP Virus.

Women are 100 times more likely to suffer serious adverse events from the Gardasil vaccine than they are to be protected from cervical cancer by the vaccine.

### The main points of research manipulation and fraud he exposes are:

- **Merck used small numbers of subjects and short durations of follow-up in the clinical trials to avoid the latent or delayed onset disabilities from becoming known.**
- **Claiming the vaccine will save lives from cancer, when the vaccine is given to pre-teens and teens (target age 11), yet the median age cervical cancer is detected is 50 years old.**
- Since trying to prove it protects against cancer, which because of what was just stated is impossible, **the claim f protecting against cervical cancer is based on precancerous cell changes of the uterus** (most of which never turn into cancer). Therefore, whether those changes predict a diagnosis of cancer later is still hotly debated.
- **The "control" group got shots with the aluminum adjuvant in them, the very thing that many scientists believe is responsible for much of the adverse events from Gardasil. The Gardasil group and the control group had essentially the same number of injuries. This effectively masks any difference in adverse reactions between the groups.**
- There was a small saline placebo group, in which the number of injuries was cut in half….BUT **Merck ended up mixing those cases in with the control that got the aluminum and never revealed that to regulators!**
- In one of the protocol groups (protocol 18, the one the FDA relied upon for approval), **Merck used what they called the "carrier solution," which is all of the components of the vaccine except for the aluminum and the viral particles—the antigen and said they used "a saline**

**placebo**". The carrier solution contains **Polysorbate 80 (one of the other main components scientist now relate to serious adverse responses including infertility)**, sodium borate, genetically modified yeast and more….all things that could also cause adverse reactions. Person's getting this shot were told it was straight saline.

- Participants were **not** told this was a safety study. Instead **they were told that the safety studies had already been done and the vaccine was proven to be safe**. This made the girls less likely to report reactions as they thought the vaccine was already proven safe.
- **They used a specially made preparation of the vaccine, in which they cut the amount of aluminum in half in the Gardasil that they gave to the Protocol 18 vaccine group.**
- **The rate of development of autoimmune disease in the Gardasil group was 2.3% within 7 months of receiving the vaccine, EXACTLY the rate of girls in the aluminum group that developed autoimmune disease!**
- They used "**exclusion criteria**", which means they excluded any individuals from the trial that would be a higher risk for adverse reactions, which reduces the levels of reactions disproportionally as compared to the general population.
- They gave "report cards" **to only 10% of the persons in the study** and told them to only report redness, swelling at the injection site, fever and bruising for just 14 days. **Any persons that reported any more serious reactions were "rebuffed" by the investigators and told that the reaction was not related to the vaccine.**
- Despite these extraordinary efforts to cook the books, **half** of the girls **receiving the Gardasil vaccine** and **half receiving the aluminum** "placebo" reported new medical conditions and serious injuries, over 3% of which required medical procedures or surgeries.
- Merck's own preclinical trial records, and those records show that **girls or women who already had HPV—had been exposed at some point in their life to it—actually had a negative efficacy of 44.6 percent. What is "negative efficacy"? It means those girls had a 44.6 *increased* risk of getting those precancerous lesions.**
- To make things even worse, there are recent scientific studies that suggest a phenomenon of what is known as **type replacement**. **There are some 200 different strains of HPV. Some of them are more cancerous than others, and the current HPV vaccine goes after 9 of those 200 viral types. What these studies indicate is, by eliminating those particular strains of the virus, [the vaccine] opens up an ecological niche in the woman so that more lethal and virulent viruses can actually colonize that spot and dramatically increase the risk of cervical cancer.**

## Transcript-

Hi, I'm Robert F. Kennedy, Jr. and I'm making this video for the sake of parents who are trying to make an informed decision of whether or not to give their child, their boy or girl, the Gardasil vaccine.

I'm also making this video as a tool for pediatricians who are trying to understand how this vaccine, if it's actually causing all of these problems with young girls, could have been approved by FDA and then mandated by CDC.

Virtually all of the things that I'm going to talk about in this video are available to the public on public documents, as I'm going to show.

**Finally, I want to say this about Merck, which is the company that makes the Gardasil vaccine.**

**Many of the things that I'm going to say today would be slanderous if they were not true. And if they're not true, then Merck should sue me. But Merck won't do that, and they won't do it because in the United States, truth is an absolute defense to slander. And second of all, Merck knows that if they sue me, I'm going to immediately file a discovery request, and many, many more documents are going to emerge that illustrate even more fraud by this company on the American public and the people all over the world.**

Finally, as a footnote, I'm not going to talk today about the specific biological mechanisms that allow this vaccine to cause harm in human beings. That information is out there, it's in dozens of peer- reviewed, published scientific documents. Many of these are described on our website, and I urge people to go to the Children's Health Defense website to educate themselves on those issues.

**Today we're going to talk about the clinical trial—about Merck's fraud in that process. And this is Merck's claim:**

- **The HPV vaccine will "eliminate cervical cancers and other HPV-associated cancers." The danger of dying from HPV cancer in this country is 1 death in 43,500 people.**

**Imagine you have a deck of cards but instead of 50 cards, there are 43,500 on a big, big table, and one of those cards is a black card. If you get that, you die.**

**So, Merck's deal is that it's going to remove that black card from the deck. But in order to play the game and make sure that Merck removes the black card, everybody who participates has to put in $420 because that's the cost of the three-dose Gardasil vaccine.**

**So, here's Gardasil by the numbers. So, the cost of the three-jab series averages about $420. There are 76 million children who essentially have been mandated by CDC to receive these vaccines. This is a blockbuster product for Merck, and the global revenues from this vaccine today are about $2.3 billion dollars. It's the third largest product in the company's inventory.**

The cost of saving one American life is $18.3 million dollars. People can argue whether or not that's a reasonable value of a human life, what I would say is that the criteria that we should use for evaluating reasonableness is, is there a cheaper way to save more lives, **and many people would argue that Pap smears are the *most* effective way—that 80 percent of cervical cancer deaths have already been eliminated by Pap smears, and this is the most effective technology.**

**Incidentally, in another context, HHS has already put a value on human life, and the value is $250,000. That is the maximum number that the Vaccine [Injury] Compensation Program will pay for killing an American citizen.**

Prior to marketing a vaccine, the FDA licenses the vaccine. And in that licensing process, **Merck had to show that the [Gardasil] vaccine was safe. According to Federal regulations, "The word *safety* means the relative freedom from harmful effects...taking into consideration the character of the product in relationship to the condition of the recipient at the time."**

So, what is the condition of the recipients—of the target group—for this vaccine? **One is this vaccine targets millions of preteens and teens, for whom the risk of dying from cervical cancer is practically zero. Cervical cancer's median age of death is 58. It is first diagnosed at age 50 (median).**

- **A teenage girl or boy has zero chance of dying of this illness, which means the threshold for giving this medication is very, very high.**
- **Secondly, [the vaccine] is mandated in some jurisdictions, so the government is actually—government officials are actually coming in and ordering people to take this medical intervention. So, we have to be sure that the threshold for risk, "the risk profile" for that medical intervention should be very, very low.**
- **Third, unlike other medical interventions, Gardasil recipients are perfectly healthy. So, when you give medication to a healthy individual, you have to make sure that the risk profile is practically zero. And in order to determine risk, there is a standardized protocol, and it's called "double-blind placebo studies." What does that mean?**

**It means that the drug company that's trying to license this product gives the medication to one group of people, maybe 5,000 or 10,000 people, and gives a placebo, an inert placebo, either an identical- looking pill that is inert—it's either saline or sugar—to a similarly situated group of 5,000 or 10,000 people, and it's "double-blind," meaning that neither the patients nor the researchers knew who got the placebo and who got the actual medication.**

And you can see here, **here's what the NIH (the National Institutes of Health) says about it: "A placebo is an inactive substance that looks like the drug."**

**So, here are typical examples:**

Lipitor was given during its study phase to about 17,000 subjects. Half of them received Lipitor, half of them received a sugar pill that looked identical to Lipitor, **and then they were observed and studied for up to 3.3 years.**

**Why for so long? Because many of the injuries that are caused by medication are latent—they don't show up for two or three or four or five years. Cancer, for example, may not show up for four or five years after the exposure. Autoimmune diseases and allergies and these kinds of things take a long time to diagnose. Enbrel, for that reason, was studied for 6.6 years and against a control group that received a saline injection.**

Botox—there was a national emergency to get Botox to market so people could get their wrinkles cured—was studied for 51 weeks, and it was studied against a saline injection.

**Now I'm going to show you one of the really outrageous frauds that Merck committed during the clinical trials.** This is an insert that is part of every vaccine package. And you can go on the Internet right now and look up that Merck product and search and find these **two tables.**

In the initial table, you can see there are three columns. This is a table that just looks at injuries at the vaccine site for redness and itching and bruising and pain at the vaccine site.

- **One, there were 5,000 girls—5,088 girls—who got the Gardasil vaccine.**
- **Number two, there were 3,470 girls who got the AAHS control. What is that? That is the adjuvant in the vaccine. That is a toxic neurotoxin that's put in the vaccine to make it more long-lasting, to provoke an immune response in the subject of the vaccine. And most people believe that it is that aluminum adjuvant that is causing all of these injuries in the girls who are getting the vaccine.**
- **And there were 3,470 people who received just the neurotoxin with no antigens and no other vaccine components.**
- **And you have a third group, which is the placebo group. What I want you to look at is at these numbers—that in the Gardasil and AAHS control, there is virtually the same number of injuries.**
- **And when you get to the saline placebo, that injury rate is cut in half.**

**Now, let's go to the table where they talk about real systemic injuries—autoimmune diseases. And instead of showing us real science, which is to show us what happened to the saline group.**

- **They hide the saline group as a way of fooling you, your pediatrician and the regulatory agency by compressing it into the aluminum group**. And they never tell us. They say, this is a combination of the aluminum adjuvant and the saline placebo. They don't tell us how many in each category were compressed there. The real thing that you need to watch here is what happened. **These are all very, very serious injuries. These are injuries that, in some cases, people would feel were worse than death—and that affect people and debilitate people for a lifetime in many cases.**

- **And if you look at the bottom of the Gardasil group, an astonishing 2.3 percent of the girls in the clinical study who received the Gardasil vaccine got ill from autoimmune diseases, many within seven months of taking the vaccine.**
- **And look what happened in the aluminum group—the same number exactly: 2.3 percent.**

**Nobody—no parent—would allow their daughter to take a substance that had a one-in-40 chance of giving them a lifetime disability.**

**The World Health Organization says that using a spiked placebo—or a faux-cebo—as Merck did with Gardasil puts you at a methodological disadvantage in that "it may be difficult or impossible to assess vaccine safety."**

- Dr. Stanley Plotkin, who developed the polio vaccine, who developed the pertussis vaccine, who developed the rotavirus vaccine—the Stanley Plotkin award is the Nobel Prize of vaccinology, it's given to the top vaccinologist every year—and what he says is: Unless you have a true control group, you are in LA-LA LAND.
- Finally, the American Medical Association says, the absence of double-blind placebo testing and short- term studies of chronic disease are "the indicia of marketing masquerading as science."

**And that's what Merck gave us.**

**The Cochrane Collaboration**—thirty thousand scientists from all over the world who came together to create an independent assessment of medical protocols, which they saw as being increasingly controlled by the industry—the Cochrane Collaboration said, "**The use of active comparators probably increased the occurrence of harms in the comparator group, thereby masking harms caused by the HPV vaccine."**

**And that indeed was Merck's point: to hide those harms.**

**So, if you do the math, women are 100 times more likely to suffer serious adverse events from the Gardasil vaccine than they are to be protected from cervical cancer.**

**So now we have a very different bargain in this card game that we're playing with Merck.**

- **We have 43,000 cards, and the black card—the death card—is gone, but now, there are 1,000 blue cards, which if you pick one of those by mistake, you have a good chance of getting an autoimmune disease. Nobody would take that bargain.**

So, in order to get the FDA license to market this vaccine, Merck did a number of studies, which it called "protocols." We don't know how many they did because they're not telling us—they never disclosed it.

**The one we're most concerned with is protocol 18. The reason protocol 18 is critical is because that was the basis for FDA giving Merck the license to produce and market the vaccine.**

Why is that? Because protocol 18 is the only one in which the target audience for this vaccine—11- and 12-year-old girls—was actually tested and had a control group. The other ones that looked at big cohorts of women were [in] 16- to 25-year-old and 16- to 26-year-old women.

Protocol 18 looked at girls and boys from ages 9 to 15. It was a total of 1,200 children and almost 600 controls. **That is a very, very tiny group of people to study in order to determine the safety of a product that is going to be marketed to billions of children around the world.**

**Now I'm going to show you one of the key fraudulent flimflams that Merck used to get this license. FDA said they approved Gardasil based on protocol 18 because protocol 18 was of particular**

**interest— because it's the only protocol in which Merck used a true saline placebo instead of the aluminum adjuvant as a control.**

**That's what Merck *told* FDA and the CDC, but Merck was lying. It actually did not use a true saline placebo. It used what Merck called the "carrier solution," which is all of the components of the vaccine except for the aluminum and the viral particles—the antigen.**

**Among the compounds that we know were in the carrier solution are:**

- **Polysorbate 80**—we have no idea what the safety profile is because it's never been tested for safety independently in vaccines.
- **Sodium borate**, which is borax, which is banned by FDA in food products—in all food products in the United States—and is banned altogether in Europe.
- **Genetically modified yeast** (there's no safety test ever been done on it in vaccines).
- **L-histidine**, the same.
- **And possibly, DNA fragments**. I say "possibly" because we know there are DNA fragments in the final vaccine, we don't know how they got there. And Merck has lied about the DNA fragments from the outset.

And despite these potentially toxic components of compounds that are in the vaccine, the 596 children that were given the carrier solution fared much better than any other cohort in the study. The girls and boys who received the carrier solution were the only significant cohorts with no serious adverse events for the first 15 days.

**And here's another one of the gravamen of the fraud that Merck committed in its Gardasil trials. It turns out, in the protocol 18 study, it appears Merck cut the amount of aluminum that was given to the vaccine group in half. They tested a completely different formulation. If true, we theorize that they took the aluminum out to reduce the number of injuries and to mask the really bad safety profile of this vaccine. And since the protocol 18 data are not based on the Gardasil vaccine formulation, the trial itself constitutes rank scientific fraud.**

**Here's another bag of tricks that was used by Merck in order to skew the clinical trial results in favor of Gardasil.**

- **Merck and its researchers used what they call "exclusion criteria"—for example, people who had severe allergies, people who had prior genital infections were thrown out of the clinical trials. People who had over four sex partners in their entire lives were excluded from the trials. Anybody who had a history of immunological or nervous system disorders, people with chronic illnesses and seizure disorders, people with other medical conditions, people who had reactions to vaccine ingredients— including the aluminum, yeast and the benzonase—or anybody with a history of alcohol and drug abuse. If you really wanted to know whether the vaccine was helping people—if it was effective—wouldn't you want those people in your study? Wouldn't you want people who had a genetic vulnerability to cancer in your study, to see if it actually was capable of preventing cancer?**

- **Then Merck had one catch-all exclusion category, which was "Any condition which in the opinion of the investigator might interfere with the evaluation of the study objectives."** **Well, that gave Merck and its paid investigators complete control to throw people out of the study who they thought might make the study look not successful.** All of these exclusionary categories gave Merck the ability to limit the study to people who were like an elite club of superheroes. The people who [now] get the vaccine are not the same people they tested it on. They tested it on the Avengers. They didn't test it on, you know, Joe Bag-of-Donuts, the people who are actually receiving this vaccine in day-to-day life. **And by doing that, they were able to mask whatever injuries might show up in a larger, more vulnerable population who are actually receiving the vaccine.**
- **Next, Merck used an arsenal of sloppy protocols to, again, hide vaccine injuries. Among these, Merck gave report cards—the daily journal report cards—to only 10 percent of the people who they tested the vaccine on, and it told those people to only make reports for 14 days after the injection. And the report cards were only designed to collect jab site information—so, redness, itching, bruising, fever.**
- **And they ignored altogether the autoimmune diseases and menstrual cycle problems and fertility problems and pain and dizziness and seizures and all of the other things that we've now seen are associated with the vaccine. In fact, there are numerous girls who report that they were injured, that they attempted to report those injuries to Merck and that Merck rebuffed them.**
- **Furthermore, Merck gave extraordinary discretion to its researchers to determine what was a vaccine injury and what was not a vaccine injury. And because there was no inert placebo, it was completely within their discretion, if a girl came back with seizures or autoimmune disease or menstrual cycle problems, they could just say to the girl, "well, that's not related to the vaccine."**

**In some cases, we know that Merck actively covered up and lied about injuries that it had a duty to report to the Vaccine Adverse Event Reporting System (VAERS).** For example, in the case of Christina Tarsell, a Maryland girl who died from the Gardasil vaccine, Merck lied about that death in its official reports to the Vaccine Adverse Event Reporting System. It told the system that Christina's doctor had told Merck that her death was the result of a virus. And the doctor adamantly denies that. Merck has refused to remove that misinformation from the VAERS system.

- **Furthermore, Merck lied to the girls who participated in these studies, telling them, number one, that the placebo was saline and that it contained no other ingredients. And number two, that the study in which they were participating was not a safety study. They were told that there had already been safety studies and that the vaccine had been proven safe.** What did this do for Merck? It made it so the girls were less likely to report injuries as associated with the vaccine—because they believed that the vaccine that they were receiving had already been proven safe **and that any injuries that they did experience maybe a month or two months or**

**three months after the vaccine must be simply coincidental and had nothing to do with the vaccine.**

**But in spite of all these efforts by Merck to discourage girls from reporting vaccine injuries during the clinical trials, half of the girls in the Gardasil group and half of them in the aluminum adjuvant group reported serious injuries after receiving the vaccine.**

- **In order to conceal the link between these injuries and the vaccine, Merck invented a brand new medical metric that had never been heard of before called "new medical conditions," and it dismissed all of these new injuries—which affected 50 percent of the girls who received the vaccine and the adjuvant—as "new medical conditions" unrelated to the vaccines, simply sad coincidences.** Many of these diseases were serious diseases—blood and lymphatic diseases, anemia, endocrine diseases, autoimmune diseases, gastrointestinal, Crohn's disease, ulcerative colitis, vaginal infections, musculoskeletal injuries, arthritis, neoplasm, Hodgkin's disease, neurological diseases, psychiatric diseases, depression, reproductive and breast disorders, menstrual irregularities and pain. **Over 3 percent of the girls—1 in 30—in both groups required surgical and medical procedures.**

**So, this card game that we're playing with Merck has now become a *really bad* bet.**

**Merck has removed the one black card, but you now have a 1-in-40 chance of drawing a blue card and getting an autoimmune disease that may afflict you for the rest of your life—and you have a 1-in-2 chance of having some other serious medical condition.**

**<u>So now let's look at Merck's central claim, which is that the Gardasil vaccine will prevent cervical cancer.</u>**

Merck's in a sweet position here, let's face it, because the target group for this vaccine is 11-year olds and the median age of death for cervical cancer is age 58.

**So, Merck essentially is making this bargain: It's telling the 11-year old girl, "If you take our vaccine, 47 years from now you won't die of cervical cancer." And of course, the truth is, you can't make a vaccine that proves that it's going to prevent cancer 47 years from now. There's no way to test for that.**

**So, Merck used a shortcut. It said, we're going to prove that it prevents what Merck called "surrogate end points." So the best thing that Merck could come up with was CIN2 and CIN3 lesions, which it called "precancerous" lesions, even though most of those lesions never mature into cancer.**

**So how can you call something "precancerous" when it was never going to turn into cancer?**

**And here's what a study published in the *American Journal of Epidemiology* said about Merck's scheme: "CIN3 is an imperfect diagnosis of precancer and an intermediate surrogate for cancer."**

**Their own attorneys told them, "For these products, the indication is the surrogate, not the ultimate, endpoint. Promotion cannot make any claim vis-a-vis the ultimate end point," based upon the fate of a surrogate endpoint.**

**Merck has another problem. Recent peer-reviewed scientific studies indicate that perhaps only a third of cervical cancer cases are even associated with the HPV virus. That would completely put the lie to Merck's claims that Gardasil is going to eliminate cervical cancer altogether.**

**So now we have a really dubious deal because we need to put that black card back in the deck. Because now, we have doubts about whether or not this vaccine can prevent cervical cancer at all.**

- **But the news gets worse. Gardasil may actually *cause* cancer. Gardasil's insert states, "Gardasil has not been evaluated for potential to cause carcinogenicity or genotoxicity." And Gardasil's ingredients include possible carcinogens, including human DNA.**
- **And look at this. This is Merck's own preclinical trial records, and those records show that girls or women who already had HPV—had been exposed at some point in their life to it—actually had a negative efficacy of 44.6 percent. What is "negative efficacy"? It means those girls had a 44.6 *increased* risk of getting those precancerous lesions. To make things even worse, there are recent scientific studies that suggest a phenomenon of what is known as type replacement. There are some 200 different strains of HPV. Some of them are more cancerous than others, and the current HPV vaccine goes after 9 of those 200 viral types. What these studies indicate is, by eliminating those particular strains of the virus, [the vaccine] opens up an ecological niche in the woman so that more lethal and virulent viruses can actually colonize that spot and dramatically increase the risk of cervical cancer.**

**So now Merck's deal is looking *really* grim. Not only do we have a 1-in-40 chance of getting an autoimmune disease and a 50 percent chance of getting some serious medical condition, but now, the cancer risk has been reinserted and actually amplified.**

**And now, let's look at some of the non-cancer injuries that Merck found in its preclinical studies.**

- **The miscarriage rate in the preclinical studies—after Gardasil—doubled the background rate. The birth defects in the Gardasil group were five times the rate of birth defects from the control group. As to reproductive disorders, an astonishing 10.9 percent of the women in the pooled group reported reproductive disorders within seven months of receiving Gardasil, compared to 1.2 percent in the placebo group. The death rate in the Gardasil group in the clinical trials was 8.5 per 10,000.**
- **The death risk from this vaccine, according to Merck's *own* studies, is 37 times the risk of dying from cervical cancer. So now look at the deal that Merck has offered us: they've actually *increased* our risk of dying by 37 times.**

So now, let's look at **post-licensing surveillance**. So, Merck can argue that, "We might have missed something in our pre-licensing studies but surely if there were any injuries being caused by this vaccine, we would see them in post-licensing surveillance."

And the problem with that is that the post-licensing surveillance system, the principal one, is called the **Vaccine Adverse Event Reporting System. The system is a voluntary system that simply does not work. It's broken. In fact, in 2010, HHS hired another federal agency, the Agency for Healthcare Research Quality, and a group of Harvard researchers to study the Vaccine Adverse Event Reporting**

**System, and those researchers found that fewer than 1 percent of adverse events from vaccines are ever reported.**

**But even under that system, Gardasil has distinguished itself as the most dangerous vaccine ever invented.**

- In fact, when you compare it to Menactra, which is a meningitis vaccine that's given to the same age group—teenagers—**Gardasil had 8.5 times more emergency room visits, 12.5 times more hospitalizations, 10 times more life-threatening events and 26.5 times more disabilities than Menactra.**
- **The "vaccine court" which is within HHS has made awards for numerous deaths and very serious injuries from the Gardasil vaccine.** So, HHS itself admits that this vaccine kills people, and it's given compensation to the families that were injured.
- The same wave of serious injuries and deaths has been seen in nations around the globe when they adopt mandates for the Gardasil vaccine. **Even Gardasil's own insert, the package insert that the company provides, acknowledges that the injuries that can be caused by this vaccine include death, pancreatitis, fatigue, malaise, immune system disorders, autoimmune diseases, anaphylaxis, musculoskeletal and connective tissue disorders, nervous system disorders, acute disseminated encephalomyelitis—that's brain injuries—Guillain-Barré syndrome, motor neuron diseases, paralysis, seizures, transverse myelitis and vascular disorders.**
- In Australia, in 2015, the Australian Department of Health Therapeutic Goods Administration reported that **the adverse rate in girls is 17 times the incidental rate for cervical cancer throughout their lifespan.** The study only looked at a handful of conditions but excluded demyelinating disorders, complex regional pain syndrome and premature ovarian failure. The study restricted its view to anaphylaxis, fainting, allergic reactions and other conditions that required hospitalization.
- **India suspended its Gardasil trials after numerous deaths and serious injuries.**
- The *South Asian Journal of Cancer* found that "a healthy 16-year old is at zero immediate risk of dying from cervical cancer but is **faced with a small, but real risk of death or serious disability from a vaccine that has yet to prevent a single case of cervical cancer."**
- Japan de-recommended Gardasil three months after it had added the vaccine to the immunization schedule. Japan's health ministry discovered **adverse events reported after Gardasil's approval were many times higher than other vaccines on the recommended schedule—these included seizures, severe headaches, partial paralysis, complex regional pain syndrome and "an undeniable causal relationship between persistent pain and the vaccination."**
    - Japanese researchers found that the **adverse event rate for the HPV vaccine was as high as 9 percent and that pregnant women injected with the vaccine aborted or miscarried 30 percent of their babies.**

- In 2015, the Japanese Association for Medical Sciences issued official guidelines for managing symptoms of injuries caused by the Gardasil vaccine, and the Association announced that **there was no proof that this vaccine even prevents cervical cancer.**
- Alarmingly, Merck's own studies indicate that the Gardasil vaccine may disproportionately impact Asian women. For example, in protocol 19, there were 8 deaths among 3800 women, and 7 of those were Asians. **That was 87 percent for Asian women, while only 31 percent of study participants were Asian.**

- Denmark, in 2015, **announced the opening of five new HPV clinics to treat women who were injured by the Gardasil vaccine. The day that they announced that opening, there were 1300 applicants for treatment in those clinics.**
- In Colombia in 2014, **800 girls in the town of Carmen de Bolivar were grievously injured by the Gardasil vaccine.** Protests erupted all over Columbia. The attorney general of Colombia ordered the National Health Service of that country to immediately begin treating girls who were injured by the Gardasil vaccine. In 2017, Colombia's highest constitutional court ruled that the HPV vaccine would no longer be considered mandatory in Colombia and ordered that girls who showed symptoms after receiving the vaccine be given appropriate medical care. Pompilio Martinez, who now teaches at the National University of Colombia, described the HPV vaccine as "a crime against humanity."
- And recent studies have shown that in **nations with robust HPV vaccination programs and heavily vaccinated populations—in the UK, in Sweden, in Australia—we're actually seeing dramatic upticks— rises—in the rate of cervical cancer rather than the downtrends that Merck promised everybody.**

## Government agencies compromise the vaccine approval process

(This is still part of RFK Jr.'s presentation)

Now I'm going to show you some of the reasons why your pediatrician is insisting—despite all of this evidence—that your daughter or son get the HPV vaccine. And the reason is, **the pediatrician is getting his information from agencies that have been compromised through financial entanglements with Merck.**

This is what the FDA is telling the public about vaccine safety: it says that vaccines are regulated by FDA and "undergo a rigorous review of laboratory and clinical data to ensure the safety, efficacy, purity and potency of these products."

But this is a very different story the FDA is acknowledging in-house—and this comes from a 2007 document (this is the year that Gardasil got its license from the FDA): **"FDA's inability to keep up with scientific advances means that American lives are at risk. FDA's evaluation methods have remained largely unchanged over the last half century. The world looks to FDA as a leader. Today, not only can the Agency not lead, it cannot even keep up with the advances in science."**

But the most troubling problem at FDA is—it has nothing to do with incompetence—it has to do with corruption. The panel within FDA that licenses new vaccines and anoints them as safe is called the Vaccines and Related Biological Products Advisory Committee; the acronym is VRBPAC. **And in 2000, Congress investigated VRBPAC because of charges of corruption from outside the agency.**

And here's what the congressional committee found: "**The overwhelming majority of [VRBPAC] members, both voting members and consultants, have substantial ties to the pharmaceutical industry."**

**In addition, "Conflict of interest rules employed by FDA have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have [been] given waivers to participate in committee proceedings. In many cases, significant conflicts of interest are not deemed to be conflicts at all."**

**And here, says Congress, are some specific examples of the conflicts of the advisory committee that approves vaccines:**

- Three out of five FDA advisory committee members who voted to approve the rotavirus vaccine in December of 1997 had financial ties to the pharmaceutical companies that were developing different versions of the vaccine.
- One of the five voting members had a 9-plus million-dollar contract for a rotavirus vaccine.
- One of the five voting members was the principal investigator for a Merck grant to develop the rotavirus vaccine.
- One of the five voting members received approximately a million dollars from vaccine manufacturers toward vaccine development.

Once they get by FDA, vaccine companies then go to CDC, where another committee, which is called **ACIP—Advisory Committee on Immunization Practices—will then take that vaccine that FDA has licensed, and they will put it on the recommended list, which means it becomes essentially mandatory for 76 million American children.**

A listing on CDC's recommended list is the Holy Grail for vaccine companies. It means a bonanza of wealth for those companies. **If ACIP votes to add your vaccine to the recommended list, it means:**

- **Mandating the vaccine to millions of American children**, and half of those [vaccines] are paid for by the government;
- **Immunity from liability** for the manufacturers so nobody can sue them—no matter how dangerous that vaccine is, no matter how toxic its components, no matter how grievous your injury, you cannot sue that vaccine manufacturer for damages or liability;
- **Inclusion in the Vaccines for Children Program**, which is a program that guarantees that half the vaccines that you manufacture are going to be purchased by the CDC—at full cost.

**This means billions of dollars for companies that are fortunate enough to get their vaccines listed on this recommended list.** It means that you're going to sell 76 million vaccines to people who have no choice—you have no marketing costs, you have no advertising costs, you have limited testing expenses and you have no liability for injuries caused by your vaccine.

**In 2006 and 2007, while Gardasil was getting its approvals, ACIP did not pretend to base its recommendations on scientific evidence. It only adopted evidence-based standards in 2011.**

**So, what did it base its recommendation on? It turns out it was mainly just friendships and money. The conflicts at ACIP are as bad as the conflicts within the FDA.**

**This is from the same year-2000 investigation by Congress: "The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year. ACIP members are allowed to vote on vaccine recommendations, even when they have financial ties to the drug companies developing related or similar vaccines."**

**And, "The ACIP's prolific use of working groups to track vaccine policy recommendations outside the specter of public scrutiny opens the door to special interest access." ACIP's policy of allowing government employees to vote "encourages a system where government officials make crucial decisions affecting American children without advice or consent of the governed."**

**Here is a typical committee panel that approved Merck's rotavirus vaccine.** The majority of ACIP's members "were conflicted in their most recent vote." Again, these are Congress's words, not mine.

- The chairman served on Merck's Immunization Advisory Board.
- Another member who shared the patent on a vaccine under development for the same disease had a $350,000 grant from Merck to develop this vaccine and was a consultant for Merck.
- Another member was under contract with the Merck Vaccine Division.
- Another member received salary from Merck and other payments.
- Another member was participating in vaccine studies with Merck.
- And another member received grants from Merck.

And unfortunately, that congressional investigation had virtually no impact on the way CDC does and continues to do business. For example, **a 2009 report by the Inspector General of HHS found the same conditions existed—"CDC had a systematic lack of oversight." Ninety-seven percent of committee members' conflict disclosures had omissions, 58 percent had at least one unidentified potential conflict and 32 percent of the committee members had at least one conflict that remained unresolved. And the CDC continues to grant waivers.**

**So, this shows that CDC is really just an arm of the vaccine industry. It shouldn't be regulating the industry—it's part of it.**

- **This is CDC's entire budget, $11.5 billion, and almost half of that—almost $5 billion—goes to purchasing and promoting vaccines. And this little sliver here is the Immunization Safety Office.**
- **That's how much money—less than 1 percent of the total—goes to vaccine safety.**
- **Not only that, but Merck exercises control over CDC through the CDC Foundation. Merck contributes millions of dollars every year to the CDC Foundation. The CDC Foundation has received $620 million from Merck and other pharmaceutical companies to pay for 824**

**programs at the CDC.nMerck representatives sit on the CDC Foundation Board and control the agency's activities.**

**This is what the *British Medical Journal* said about those conflicts:**

- "Most of us were shocked to learn that the CDC takes funding from the industry. It is outrageous that industry apparently is allowed to punish the CDC if the agency conducts research that has the potential to cut into profits."

**The corruption is systemic at FDA, too. Shockingly, 45 percent of FDA's budget comes from the industry. Pharmaceutical companies pay billions of dollars in fees annually to FDA to fast-track drugs.**

- Between 2000-2010, pharmaceutical companies paid $3.4 billion to FDA to get drug approvals, and those payments by industry have caused FDA and CDC to treat the vaccine makers not as regulated entities but as partners and clients and friends.

**According to Michael Carome, who is a former HHS employee, "Instead of a regulator and a regulated industry, we now have a partnership. That relationship has tilted the FDA away from [a] public health perspective to an industry-friendly perspective." And that's why your doctor does not know the truth about Gardasil.**

**This is another thing that your doctor probably doesn't know. The government agency NIH actually developed the key component for the Gardasil vaccine, and NIH owns part of the patent and receives royalties on it. Not only does NIH the agency receive millions and millions of dollars annually from the vaccine, but also the individual scientists who worked on the vaccine within the agency are entitled to make $150,000 a year in royalty payments from Merck.**

**Every time your pediatrician sells one of those $420 vaccines to your child—or you—NIH scientists and HHS scientists and the agencies themselves are making money on that transaction. And that's why your doctor doesn't know what's happening—because he's getting his information or her information from those agencies.**

There are many, many other shocking conflicts that I don't have time to talk about today between Merck and the other regulated vaccine makers and the industry that's supposed to be protecting the public from that regulated industry.

**I just want to talk for a moment about one example. From 2002 to 2009, Julie Gerberding was the director of CDC, and she oversaw all of this crooked science that went into the approvals in 2006 and 2007 of Merck's Gardasil vaccine.**

**She was rewarded by Merck.**

**When she left the agency in 2009, she was hired by Merck as the president of its vaccine division and Merck gave her a salary of $2.5 million a year, and $38 million in stock options. And that kind of dough buys a lot of loyalty from regulators.**

They know what's at the end of the line for them if they behave and if they do what Merck and the other companies ask them to do. And these are the reasons that your pediatrician, who's giving your daughter that Gardasil vaccine believing that it may someday save her life, doesn't know about the risk

and perils and the inefficacy that are attended to that vaccine, because the regulators from whom he's getting or she's getting her information have been corrupted by this company.

And most of you probably know—this is a difficult issue for people like myself who are concerned with vaccine injuries to address, because **the press will not cover these issues because there's $5.4 billion that go from these companies to advertising on TV and radio and newspapers and on the web every year, and nobody wants to lose that advertising revenue. And the Congress has been bought off, the regulatory agencies have been captured, and we can't use the courts because you cannot sue a vaccine maker for injuring yourself or your child.**

But we've figured out ways around those laws, and **we're going to sue Merck. And if you are Merck and you're listening to this tape: We're going to come for you and we're going to get justice for these girls and these boys who you've injured because of your greed.**

**And if you're a mother or a father who are listening to this, we'd like your support**. It's just a fact that the more monetary support the Children's Health Defense has, the more of these cases that we can bring, and we're going to get justice. And we're going to bring these cases and sue companies like Merck until we get that justice. So we want your money, and we want your support, and we want your membership.

But more than anything, we want you to protect your child from this vaccine and from other [vaccine] injuries—and for that reason we made this tape. Not only so that you can be informed about the science, but so you can ask the questions of your pediatrician, or you can give him a copy of this video and ask him to watch it and respond to it.

**And if you're a pediatrician, I would ask you to actually look at the science** and not resort to appeals to authority. Because to say "Well, I know it's safe because CDC says it's safe" or "WHO [the World Health Organization] says it's safe" or "the AAP [American Academy of Pediatrics] says it's safe"—all of those agencies and organizations have been corrupted by pharmaceutical industry money.

You need to actually look at the science, and you need to read the science critically. And if you do that, you'll find that the things that I've talked about in this video are real, that these injuries are real, and that we have got to save our children from this cataclysm.

I want to thank you for listening to this video and urge you to join ***Children's Health Defense***.
**End of transcript**

## 25 Reasons to Avoid the Gardasil Vaccine

Another highly recommended resource on the problems associated with the HPV Vaccine is a document titled, **25 Reasons to Avoid the Gardasil Vaccine**. It can be found here on the ***Children's Health Defense*** website. https://childrenshealthdefense.org/news/25-reasons-to-avoid-the-gardasil-vaccine/

## Twenty-one-year-old woman's death finally compensated in 2017 after eight years, as the court rules that the HPV vaccine caused her death

***Natural News*** reports on a case whereby a 21-year old woman (***Christina Richelle***), developed an irregular heartbeat, days after receiving her second HPV vaccine Gardasil in November of 2007. Within days after she returned for her third HPV dose in June of 2008. For several days after that third shot, she felt dizzy and faint. She then died after her heart malfunctioned. It was determined that **she had developed an autoimmune reaction that affected the electrical system of her heart**. The family filed a petition to the vaccine court in April of 2010. **After nearly eight long years of battling the court process, the court ruled that the family provided sufficient medical burden of proof that Christina's death was attributed to the Gardasil vaccine and they were due for compensation under the Vaccine Injury Protection Act.**
https://www.naturalnews.com/2018-04-05-court-ruling-confirms-gardasil-vaccine-kills-people-scientific-evidence-beyond-any-doubt.html

**From the court brief filed September 25, 2017, by Special Master Christian J. Moran:**

Ultimately, because of the finding that Christina began to experience arrhythmia after her HPV vaccination, Ms. Tarsell has presented preponderant evidence of a logical sequence of cause and effect, connecting the HPV vaccination to the ensuing arrhythmia.

**IV. Conclusion**

The Court's Opinion and Order required additional consideration consistent with the legal principles articulated by the Court for analyzing the evidence in this tragic case about a woman, Christina Tarsell, who died much too young. Under the approach dictated by the Court, Ms. Tarsell is entitled to compensation. The parties should anticipate that a separate order regarding damages will issue shortly."

***Natural News*** columnist **Lance D. Johnson** goes on the say, "**Never mind that the Gardasil vaccine is responsible for ending the lives of 271 young women to date, according to over 57,520 adverse event reports obtained from the Vaccine Adverse Events Reporting System *(VAERS)*.**

**If 271 young people died in a school shooting, the news coverage would be nonstop in support of gun bans. How about a ban on Gardasil – a real modern-day assault weapon?"**

"The Tarsell's case was initially taken up by the Vaccine Court, which is a payout system that was set up to compensate families for vaccine damage. Vaccine makers pay an excise tax to this system for every vaccine they sell. This money (cost of doing business) is used to pay out damages to select families who can medically prove they were damaged by a vaccine. This system protects vaccine makers from being sued in a true court of law, ensuring that vaccines will continue to be manufactured for the "good of all.""

"Wow! Medicine has moved ahead only because doctors, researchers, and yes, families, have openly challenged even the most sacred medical dogma. At the risk of incurring the wrath of some of my dearest colleagues, I say thank goodness for the vaccine court."

## Postlicensure safety surveillance through VAERS on the HP Vaccine

As this is reported, bear in mind that it has been established that only approximately 1% of all vaccine adverse reactions are reported to VAERS.

A 2009 article published in the ***Journal of the American Medical Association*** (JAMA) titled, **Postlicensure safety surveillance for quadrivalent human papillomavirus recombinant vaccine**, cites some of the reporting statistics **from only a 2 ½ year period. Consider that short time frame and the comment above about under-reporting to VAERS when reading this**.
https://www.ncbi.nlm.nih.gov/pubmed/19690307

**From the Abstract:**
"**VAERS received 12,424 reports of AEFIs following qHPV distribution, a rate of 53.9 reports per 100,000 doses distributed. A total of 772 reports (6.2% of all reports) described serious AEFIs, including 32 reports of death"** ***(again, in only a 2 ½ year period)*****. "The reporting rates per 100,000 qHPV doses distributed were 8.2 for syncope; 7.5 for local site reactions; 6.8 for dizziness; 5.0 for nausea; 4.1 for headache; 3.1 for hypersensitivity reactions; 2.6 for urticaria; 0.2 for venous thromboembolic events, autoimmune disorders, and Guillain-Barré syndrome; 0.1 for anaphylaxis and death; 0.04 for transverse myelitis and pancreatitis; and 0.009 for motor neuron disease. Disproportional reporting of syncope and venous thromboembolic events was noted with data mining methods**."

## As tragic as all of this is, the government continues to push Gardasil

Four years after the previous report on Christina Richelle's death, ***Judicial Watch*** released the following article. **$1.2 Mil to Push Gardasil Among Poor Minority Girls.**
https://www.judicialwatch.org/blog/2013/07/1-2-mil-to-promote-gardasil-among-low-income-minority-girls/

**Excerpts from the article:**

While the Obama administration tries to keep details involving the dangers of a government-backed cervical cancer vaccine (Gardasil) secret, it continues spending large sums of taxpayer dollars promoting the controversial shot for girls and young women.

**This is beyond outrageous because Judicial Watch has exposed the scandal behind Gardasil, manufactured by pharmaceutical giant Merck and promoted as a miracle shot that can prevent certain strains of cervical cancer caused by Human Papillomavirus (HPV). The reality is that droves of government records uncovered by Judicial Watch show that Gardasil has been linked to thousands of adverse reactions and debilitating side effects that the government wants to keep secret.**

**They include seizures, blindness, paralysis, speech problems, pancreatitis, short-term memory loss and dozens of deaths.** Incredibly, the Food and Drug Administration (FDA) fast-tracked Gardasil's approval and the Centers for Disease Control and Prevention (CDC) continues recommending it for girls

starting at age 9. JW launched its probe in 2007 and had to sue for the records in the face of Obama administration stonewalling. **In 2008 JW published a special report detailing Gardasil's government approval process, side effects, safety concerns and marketing practices.**

Earlier this year JW uncovered documents from the Department of Health and Human Services (HHS) revealing that its ***National Vaccine Injury Compensation Program (VICP)*** has awarded **nearly $6 million to dozens of victims in claims made against the very HPV vaccine it is pushing on children**. To date 200 claims have been filed with VICP, with barely half adjudicated, according to the documents obtained by JW.

The money has gone to a public university in southern California that will conduct a "culturally sensitive" intervention— in English, Spanish, Cantonese, Mandarin, Armenian and Korean—to increase HPV vaccine receipt among "underserved, high risk girls in Los Angeles."

It's safe to bet that the "culturally sensitive," taxpayer-funded Gardasil campaign won't include the potentially lethal side effects documented in the government's own Vaccine Adverse Event Reporting System (VAERS). The data is kept by the FDA and CDC as a vaccine safety surveillance program that can be easily accessed by the public yet Judicial Watch had to sue for information related to Gardasil.

## More evidence that injecting human DNA into other humans is a very bad idea

### Dr. Diane Harper - Lead Investigator for the HPV Vaccine Clinical Trials for the Gardasil Vaccine, makes a startling admission about the HPV DNA in the vaccine

***Dr. Diane Harper***, one of the lead researcher's in studies published by Merck regarding the HPV vaccine was interviewed by ***Toni Bark M.D***., in the highly acclaimed Docu-series **Vaccines Revealed**. (I highly recommend that anyone interested in investigating the vaccine issue watch this excellent series).

**In episode 10, when asked by Dr. Bark…"Do we have any evidence to show that injecting HPV DNA into somebody's bloodstream is safe? Dr. Harper's response was one word. "No."**

### 2013 study exposes that viral DNA fragments previously denied to exist in Gardasil, are there bound to the aluminum adjuvant. This raises several safety questions.

The study referenced in the article below was published in ***Advances in Biological Chemistry***, in 2013.
http://offtheradar.co.nz/index.php/vaccines/337-new-study-of-gardasil-raises-more-safety-questions
"By Norma Erickson, President www.sanevax.org Posted 17 March 2013."

"Why were HPV-16 L1 DNA fragments detected in post mortem samples taken six months after Gardasil vaccination and not the other vaccine-relevant types? Dr. Sin Hang Lee, of ***Milford Hospital*** and ***Milford***

***Molecular Laboratory***, may have provided an answer in his most recently published paper entitled, *Topological conformational changes of human papillomavirus (HPV) DNA bound to an insoluble aluminum salt – A study by low temperature PCR.*[1] His findings suggest that non-B-conformational changes in HPV L1 gene DNA fragments bound to the AAHS adjuvant may be genotype related, in other words specific to HPV-16."

"**In September 2011, SaneVax Inc. informed the FDA that despite all claims stating Gardasil contained 'no viral DNA' Dr. Lee had discovered there were indeed fragments of HPV-11, HPV-16 and HPV-18 L1 DNA firmly attached to Merck's proprietary aluminum adjuvant in 100% of the samples he tested**, but all were lacking a region amplifiable by an MY09 degenerate primer."

"**The FDA was quick to confirm that Gardasil does contain residual HPV L1 gene DNA fragments**, but that these fragments posed no health risk. The FDA completely ignored a request for further investigations put forth by the SaneVax Team."

"**In light of the FDA statement corroborating Dr. Lee's previous findings, the presence of HPV DNA fragments of vaccine origin in the bodies of recipients might be anticipated after intramuscular injections of Gardasil**. However, finding HPV-16 L1 DNA fragments in post-mortem blood samples of a teenager who died six months after completion of 3 Gardasil injections without finding any other vaccine-relevant fragments was a surprise. Obviously, further investigations were necessary.
At the request of SaneVax Inc., Dr. Lee agreed to use PCR amplification followed by direct DNA sequencing to try and determine what was going on."

**Then the article shares some very technical and complex scientific information, before concluding with the following….**

**The conclusion of the article is as follows:**
"Where does this leave the average medical consumer? Unfortunately, it leaves them with the following unanswered questions:

- **Once injected, how long will the HPV-16 L1 DNA fragments attached to aluminum remain in my body?**
- **Are the non-B conformation HPV fragments in Gardasil potentially harmful?**
- **Will the non-B conformation DNA fragments in Gardasil induce autoimmune disorders?**
- **Will the non-B conformation DNA get integrated in the genome causing mutagenesis and/or cancer?"**

"The scientific community needs to investigate these potential risks immediately. Medical consumers need to know the risks as well as any potential benefits before they decide if Gardasil is right for them. **In the interest of public health and safety, the FDA needs to rescind approval for Gardasil until satisfactory answers are provided to the four questions above**. The time for poke and hope is long since passed. Medical consumers need proof this vaccine is safe."

Once again, this shows that claims from the vaccine manufacturers regarding what is in their vaccines must always be taken with a grain of salt.

## HPV messaging gives women a false sense of security leading to decreased PAP screenings and an increase in missed cervical cancer diagnoses

According to Dr. Harper in the same interview, studies looking at very large numbers of young women in Great Britain and Australia, show a reduced rate of screenings for cervical cancers (PAPs), in both vaccinated and unvaccinated women. She attributes that lack of compliance to the messaging by the pharmaceutical industry about the protective benefits of the HPV vaccine. "The regular screening rate in the U.K., in the United States and developing countries is usually 80% or higher. The U.S. has a goal that we are going to reach 93% of our women..." It seems that as the HPV vaccine "message" of effectiveness is having some negative unintended consequences.

"**In the U.K. study, of the women that had been vaccinated, only 26% of those women came back in for screening**. Of the women who were screened, 14-15% of them had an abnormal screen. 26% coming in for screening is very low." Dr. Bark asked, "So it's as though, the vaccine and **the whole marketing campaign around the vaccine has reduced good behavior**." Dr. Harper replied, "That's right, and that is going to hurt women in the long run."

How important is this? According to an extensive Australian government report in 2005, the Screening Pap test (or smear) is up to 90% accurate and the best way to prevent squamous cervical cancer.

## HPV vaccine only protects against a limited number of the viral strains

Let's first look at some statistics from the World Health Organization that will be important to the following discussion. According to this website http://www.who.int/mediacentre/factsheets/fs380/en/ (Bold emphasis mine)

- Human papillomavirus (HPV) is a group of viruses that are extremely common worldwide.
- There are **more than 100 types of HPV**, of which **at least 13 are cancer-causing (also known as high risk type).**
- HPV is mainly transmitted through sexual contact and most people are infected with HPV shortly after the onset of sexual activity.
- Cervical cancer is caused by sexually acquired infection with certain types of HPV.
- **Two HPV types (16 and 18) cause 70% of cervical cancers and precancerous cervical lesions.**

The CDC's website at this link states that the HPV vaccine is not protective of all viral strains and cervical cancer. And importantly, they stress the importance of continuing screening despite being vaccinated. https://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm

One of the questions on the site is…
**What does the vaccine *not* protect against?**
"The vaccine does not protect against all HPV types— so they will not prevent all cases of cervical cancer. Since some cervical cancers will not be prevented by the vaccine, it will be important for women to continue getting screened for cervical cancer. Also, the vaccine does not prevent other sexually transmitted infections (STIs). So it will still be important for sexually active persons to lower their risk for other STIs."

During the Dr. Harper interview discussed above, Dr. Bark asked Dr. Harper how long the Gardasil HPV vaccine provides protection? Dr. Harper explained the Phase 1 (eight people), Phase 2 (around two to three hundred people), and Phase 3 trial (tens of thousands of people) process. She replied, "The Phase 2 trials is what gives you a lot of information and that's where we have our duration of efficacy. For Gardasil, the Phase 2 trial lasted for 5 years and then was abruptly stopped, so we know in that five-year time frame, those hundreds of women, not thousands, but hundreds of women continued to show protection against HPV 16 and 18. **So we can say very firmly and solidly that Gardasil lasts at least five years. There have been no publications on any further efficacy beyond that**. Merck has presented several abstracts at conferences, but they have never published any data. And those of us in the science world know, that if it's not published, it's not real. So we know that abstracted information is often inaccurate, it's often an early report, it's often something that may change when the full spectrum of data are reported, or when you have reviewers asking questions about the way in which the data are being reported." She goes on to say that the Cerverex vaccine Phase 2 data that was published showed efficacy for 8.4 years.

## Since Gardasil has not been proven to convey lifelong protection, research shows there is likely no overall decrease in cervical cancer incidence with early vaccination.

An article published in the ***Lancet Medical Journal*** June 2009 titled, **Preliminary HPV Vaccine results for older women older than 25 years**, states the following conclusion:

"After prophylactic human papillomavirus (HPV) vaccination, cost-effectiveness models predict that a reduction in cervical cancer will occur decades from now, **but only when 90% of all girls aged 11–12 years have been vaccinated for many years, assuming vaccines confer lifelong protection**. ***(My comment: which as we saw in the previous interview, it doesn't)*** **Should prophylactic vaccination protect women for less than 15 years, the incidence of cervical cancer will shift to women older than 25 years, with no overall decrease in cervical cancers from early vaccination**."
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61045-X/abstract

## Women vaccinated with the Gardasil vaccine are more susceptible to other high-risk HPV strains than unvaccinated women

A presentation given at the ***2015 Annual Meeting of the American Association for Cancer Research*** and titled, **Comparison of HPV prevalence between HPV-vaccinated and non-vaccinated young adult women (20-26 years)**,

**Results:** After controlling for past sexual behaviors, vaccinated women had a lower risk of testing positive for the 4 types included in the HPV vaccine (6, 11, 16, or 18; Table 1). This association became stronger when the number of recent sexual partners was controlled for. However, **vaccinated women had a higher prevalence of nonvaccine high-risk types than unvaccinated women (61.5% vs 39.7%).**

## Gardasil research results found to be manipulated to show better results than were actually achieved

In a 2013 article titled**, Human papillomavirus (HPV) vaccines as an option for preventing cervical malignancies: (how) effective and safe?**, and published in the Journal ***Current Pharmaceutical Design*** **makes some absolutely astounding revelations about the corruption and tampering of statistics in the trials of the HPV vaccine clinical trials**.

**Abstract Summary: "**We carried out a systematic review of HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. We find that HPV vaccine clinical trials design, and data interpretation of both efficacy and safety outcomes, **were largely inadequate**. Additionally, we note **evidence of selective reporting of results from clinical trials** (i.e., exclusion of vaccine efficacy figures related to study subgroups in which efficacy might be lower or even negative from peer-reviewed publications). Given this, the widespread optimism regarding HPV vaccines long-term benefits **appears to rest on a number of unproven assumptions** (or such which are at odd with factual evidence) **and significant misinterpretation of available data**. **For example, the claim that HPV vaccination will result in approximately 70% reduction of cervical cancers is made despite the fact that the clinical trials data have not demonstrated to date that the vaccines have actually prevented a single case of cervical cancer (let alone cervical cancer death),** nor that the current overly optimistic surrogate marker-based extrapolations are justified. **Likewise, the notion that HPV vaccines have an impressive safety profile is only supported by highly flawed design of safety trials and is contrary to accumulating evidence from vaccine safety surveillance databases and case reports which continue to link HPV vaccination to serious adverse outcomes (including death and permanent disabilities). We thus conclude that further reduction of cervical cancers might be best achieved by optimizing cervical screening (which carries no such risks) and targeting other factors of the disease rather than by the reliance on vaccines with questionable efficacy and safety profiles."** **WOW! That's GREAT advise!**

## "Placebos" loaded with aluminum, formaldehyde and other noxious components from the actual vaccine used in HPV (Gardasil) and other vaccine safety studies

***We have heard this song and dance earlier in this eBook. The use of the same toxic chemicals and heavy metals in the "placebo" as the actual vaccine, to "mask" unwanted lower adverse effects in the control group. All to gain approval for mass distribution.***

In an article published in the ***Journal of Immunologic Research***, 2017 titled, **Behavioral abnormalities in female mice following administration of aluminum adjuvants and the human papillomavirus (HPV) vaccine Gardasil**, a shocking admission is made.

"**Vaccine adjuvants and vaccines may induce autoimmune and inflammatory manifestations in susceptible individuals**. **To date most human vaccine trials utilize aluminum (Al) adjuvants as placebos** despite much evidence showing that Al in vaccine-relevant exposures can be toxic to humans and animals."

**Again, as I stressed in the earlier comments, the practice of using vaccines containing the "questionable" and potentially toxic components as placebos, to compare for adverse side effects with the "real" vaccine containing essentially the same formula (with viral fragments added), protects against the detection of a gap in the number of adverse reactions in those given the actual vaccine versus the placebo. If a given number of people react to the aluminum, mercury, formaldehyde, recumbent DNA, etc., and whatever is included in the placebo, the difference between the number of adverse reactions between the actual vaccine and what they are calling the placebo will be slim or non-existent. Therefore, the study will show the vaccine causes no more adverse reactions than a placebo. That sounds pretty good, doesn't it? Try those same studies with a saline placebo as should be used and see what happens.**

## Aluminum and Polysorbate 80 were used in the Gardasil vaccine studies for the control groups as the "placebo"

Listen to what the authors of this study **Adolescent Premature Ovarian Insufficiency Following Human Papillomavirus Vaccination: A Case Series Seen in General Practice**, published in the ***Journal of Investigative Medicine High Impact Case Reports*** in 2014, have to say about the way the Gardasil vaccine studies tilted the adverse side effect outcomes in the control groups to mask differences between the group that got the real vaccine and the "placebo". It also states that a large number of girls in the original trials were taking hormonal contraceptives which can mask ovarian dysfunction including amenorrhea and ovarian failure.

"**A potential ovarian toxin in both control and vaccine arms could obscure the already limited ability to observe risk differences of adverse menstrual events.**"

**Additionally, the safety studies of the HPV4 vaccine did not even look at the cellular changes that the vaccine could cause to the female ovaries. It only looked at the male reproductive system. This seems very questionable, since the target market for this vaccine has been young females. This is unbelievable. The authors note:** "It is unfortunate that available toxicology studies **only provide histology of the male rodent reproductive system after HPV4 vaccine**…. and not of the female rodent reproductive tract or ovaries. Vaccine-tested rat ovary histology reports would have been useful to consult to better understand any possible link between cases of teenage premature ovarian insufficiency and rat vaccine effects."

This section of the study is somewhat lengthy, **but deserves close scrutiny** because it contains some very rich information. I have underlined and bolded the take-aways…

"The choice of placebo **affects the validity and quality** of scientific information available from placebo-controlled studies. The control in any experiment **should lack the factor being tested**. **The placebo** that formed the control selected for phase III safety studies of Gardasil (older girls) **was the aluminum adjuvant** present in the vaccine solution, amorphous aluminum hydroxyphosphate sulfate. The selection of aluminum as a control in vaccine studies **is at variance** *(not consistent with)* **with the scientific principles of a control. The placebo in the only controlled study of very young girls** was the remainder of the vaccine carrier solution: "**The placebo used in this study contained identical components to those in the vaccine, with the exception of HPV L1 VLPs and aluminum adjuvant."** **It contained 50 µg polysorbate 80** (polyoxyethylene sorbitan mono-oleate also known as **Tween 80**), **35 µg borax**, 9.56 mg sodium chloride, and 0.78 mg l-histidine."

"Safety studies identified at licensing **did not compare HPV4 with normal saline controls**. The second placebo contained several substances together with saline. The researchers' reference to the "carrier solution" placebo **conflicts with the licensing review**. The ***Center for Biologics Evaluation and Research*** states, "Protocol 018 provides saline placebo-controlled safety data for subjects 9 to 15 years. This is of particular interest because **the other studies used alum placebo as a safety comparison**." Subsequent reviews of safety studies also claim a saline placebo was the comparator of younger girl safety studies and variously refer to this placebo control as "non-aluminum containing (saline) placebo" and "saline placebo." Gardasil Product Information itself refers to the control as a "saline placebo." **Published safety studies only compared HPV4 vaccine with its own components**. **This may be significant since injected substances in both placebo control arms have either a suggested association with autoimmune ovarian damage or known direct ovarian toxicity**." *(I take this to mean that* ***both the alum "placebo" and the polysorbate 80 "placebo"*** *have a suggested association with autoimmune ovarian damage or direct ovarian toxicity)*

**Gardasil 9 contains both aluminum and polysorbate 80. As mentioned in several places earlier in this document, polysorbate 80 acts as a carrier to transport particulates into the brain! In this case what that means, is that polysorbate may actually transport the aluminum into the brain. In essence, it helps the aluminum breach the brain's protective blood brain barrier (BBB). I can't stress the importance and significance of this enough. Polysorbate 80 has been used for well over 10 years in experiments and drug trials to transport drugs, particulates including nanoparticles and other compounds that are difficult to cross into the brain, across the BBB into the brain. This has been heralded in scientific research as one solution for treating advanced stage brain disorders with therapeutic drugs. So I have to ask again, why don't scientists working in the vaccine industry know this? Or do they and have just ignored it?**

**As if that isn't enough, this next study confirms that the Polysorbate 80 used in the placebo as discussed above, is capable of causing ovarian damage.**

## The fact that polysorbate 80 found in Gardasil 9 can cause ovarian damage has been known for 25 years

This 1993 study titled **Delayed effects of neonatal exposure to Tween 80 on female reproductive organs in rats**, published in the journal ***Food and Chemical Toxicology***: *an international journal published for the* ***British Industrial Biological Research Association*** **found that Polysorbate 80 which is used in the HPV vaccine Gardasil AND in the placebo during the clinical trials of Gardasil, causes damage to the ovaries**. https://www.ncbi.nlm.nih.gov/pubmed/?term=8473002

**From the study…"When polysorbate 80 ("Tween 80") was injected into newborn rats, it caused similar ovarian damage to injected diethylstilbestrol *(D.E.S. is the mutagenic chemical that caused birth defects that I discussed, as my second example of historical examples of medical errors on page 14)*.** Rat ovary effects occurred at **all doses** tested over a tenfold range". **Abnormal histological *(cellular tissue)* changes and shrunken ovaries occurred in all of the rats given Polysorbate 80! WOW! And this shows that these devastating effects of Polysorbate 80 have been known since 1993.**

## Carefully examine the words and context used when statistics are presented

An update from ***PubMed Health***, a service of the ***National Library of Medicine, National Institutes of Health***, dated December 14, 2017 answers several questions about the HPV Vaccine. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072445/?report=printable

One of those questions is…
**How well do HPV vaccines work?**
"Research has shown that HPV vaccines are very good at preventing HPV infections caused by the viruses that they target. They reduce the likelihood of cervical cells changing and becoming abnormal, and also lower the risk of cervical cancer.

If the protection lasts a long time, the following could be expected:

- **Without** an HPV vaccine: About 30 out of 1,000 women would develop cervical cancer at some point in their lives – if they **don't** go for cervical screening.
- **With** an HPV vaccine: About 10 out of 1,000 women would develop cervical cancer at some point in their lives – if they **don't** go for cervical screening.

In other words, HPV vaccines could prevent cervical cancer in about 20 out of 1,000 women."

**Now that sounds pretty good doesn't it? However, notice that is in women who DON'T go for cervical screening (PAP screenings). Consider that unvaccinated women who get PAP screened regularly have a 90% protection from cervical cancer. So, of the 30 out of 1,000 unvaccinated women that would develop cervical cancer without the vaccine, only 3 would develop cervical cancer if all DID go for regular screenings. Of the vaccinated 10 that would develop cervical cancer without screenings, only one would later develop cervical cancer. See how the words matter? Their wording would suggest a gap of 20 women out of a thousand because they used the example of unscreened women. By introducing screening into the equation, now the gap becomes 2 out of a thousand women. Now a**

**difference of 2 out of a thousand women is still a 0.2% difference, but since statistically it is estimated that approximately 1 in 5 women who develop cervical cancer will die from it, that means with the .2% difference, 1 in 2,500 that get it will actually die from it.** The reality is however, that not all women will keep up with their PAP screenings. But what about personal responsibility? Not all persons will abstain from smoking cigarettes, but the ones that do nearly eliminate their chances of getting lung cancer. The ones that smoke assume that risk. In the same way, the women that keep up with their screenings dramatically reduce their chances of contracting cervical cancer and those that do develop it reduce their chances of dying from it significantly more.

### The aluminum in Gardasil implicated in neurological and autoimmune conditions

An article published in the Journal of ***Immunologic Research***, 2017 titled, **Behavioral abnormalities in female mice following administration of aluminum adjuvants and the human papillomavirus (HPV) vaccine Gardasil**, implicates the aluminum in the vaccine with serious health consequences.

"It appears that Gardasil via its Al adjuvant and HPV antigens has the ability to trigger neuroinflammation and autoimmune reactions, further leading to behavioral changes."

# The BCG (Tuberculosis) Vaccine

### Studies confirm the presence of serious adverse events after the BCG Vaccine

A 2016 article from the Journal ***Vaccine*** titled, **Adverse reactions to the Bacillus Calmette–Guérin (BCG) vaccine in new-born infants—an evaluation of the Danish strain 1331 SSI in a randomized clinical trial**, in which 2,118 newborns were vaccinated with the BCG Vaccine. **The adverse events were five times higher than expected.**
https://www.sciencedirect.com/science/article/pii/S0264410X16300974?via%3Dihub

**From the Abstract:**
**"This report focuses on severe adverse reactions categorized as causally related to BCG vaccination."**

"Two cases of regional lymphadenitis were hospitalized and thus classified as serious adverse reactions related to BCG. The most severe adverse reactions were 10 cases of suppurative lymphadenitis. This was **nearly a fivefold increase compared to what was expected** based on the summary of product characteristics of the vaccine."

**From the article:**
"Prior studies of the BCG-vaccine revealed varying rates of ARs: A South African study, evaluating BCG SSI strain 1331, reported an overall AR rate of 3.1/100, whereas an Australian study found an overall AR rate of 5/100. **In France, an overall incidence of 18/100 in a study using active case finding at 4 and 12**

**months after vaccination were reported**." *That would indicate when the subjects were followed for a longer period of time, the number of delayed adverse reactions (ARs) became evident.*

So, what was the total adverse reports rate per 100 for this study? Interestingly, the study did not report all of the adverse events. One has to wonder why? The official explanation was, "A total of 4262 children were randomized to BCG or control and 2118 children were BCG vaccinated within 7 days of life. **Hospitalization and morbidity were study outcomes and will be reported elsewhere** (Stensballe et al., submitted; Kjærgaard et al., submitted). **Due to the limitations of the non-severe AR data, we are not able to report solid data on all events.**"

## A recent study in the Journal Vaccine reports a significant rate and morbidity of adverse reactions to the BCG Vaccine

*Morbidity is the rate of disease

A 2015 study from the Journal ***Vaccine*** titled, **Management and outcome of Bacille Calmette-Guérin vaccine adverse reactions**, details the different reactions that occur from the BCG Vaccine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4582770/

"A typical reaction following BCG vaccination is a red indurated area at the injection site, which may subsequently ulcerate, then form a crust, which falls off after about 6 weeks leaving a small scar. Axillary lymphadenopathy (<1 cm) is also a normal response to BCG vaccination. **Adverse reactions to BCG vaccine are reported in 1–10% of vaccinees, but are likely to be substantially underreported**. Adverse reactions are usually seen within the first 6 months of vaccination but can present beyond 12 months." (*Lymphadenopathy is swollen lymph glands)*

"**BCG complications can cause significant morbidity in children and anxiety in their parents**. Local adverse reactions include regional suppurative and non-suppurative lymphadenitis, injection site abscesses, persistent injection site reactions, ulceration and uncommonly keloid reactions. Systemic adverse reactions are rare and include osteomyelitis/osteitis and disseminated BCG disease. Systemic dissemination is of particular risk in children with primary immune deficiencies or human immunodeficiency virus (HIV) infection. Local and regional adverse reactions occur most frequently and the majority are self-limiting. However, many clinicians advocate treatment, including use of antimicrobials, needle aspiration and/or surgery and practice is likely to vary substantially across sites."

# Diphtheria and Tetanus Vaccines

## What about tetanus and diphtheria in the U.S.? How common are those infections and are the risks worth the benefit? And, how effective is the tetanus shot?

### Let's look at tetanus first

The CDC published a report in their ***Morbidity and Mortality Weekly Report*** dated April 01, 2011. It is titled, **Tetanus Surveillance --- United States, 2001—2008.**
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6012a1.htm

The report states that between the years 2001-2008, there were 233 cases of **tetanus** in the U.S. That works out to an average of 33 per year or about 1 case per 10 million people.

Of those 233 cases over the 7 years, vaccination status was known for 92 of those individuals. Of those 92, 55 **(59.3%), had been previously vaccinated.**

**Of the 55 that had been previously vaccinated,**

- 26 had received one dose
- 5 had received 3 doses
- 24 had received equal to or greater than 4 doses

**In addition, medical histories were known for 195 of the cases. Of those 195,**

- 30 reported to have diabetes
- 27 were injectable drug users

That being the case, of the 195 cases discussed **57 (29%), were in individuals with serious pre-existing health and risk factor issues. An important point to take away from this is, that the 138 (71%), remaining "healthy or healthier" people that don't have those 2 serious health risk factors reduce the overall annual incidence of tetanus from 33 per year to just over 23 (23.4%) cases in the U.S. Therefore, the incidence in those without diabetes or injectable drug users is approximately 1 in 14 million. Considering that there are numerous other health conditions that predispose people to infection, I would submit that the rate of tetanus in truly healthy people is far less than 1 in 14 million.** You will be introduced later in this document to the great debate that still goes on today. It is over what causes infection. Is it the germ or the terrain? This debate started with Louis Pasteur and Antoine Bechamp as reported on page 493.

What is the case fatality rate? The report states the **overall** case fatality rate is 13.2 %. But included in that is a case fatality rate of 31.3% for persons age 65 or older. **Therefore, the case fatality rate for persons under age 65 must be significantly lower than 13.2%.**

**From the report:**
"During 2001–2008, the average annual incidence of tetanus in the United States was 0.10 cases overall per 1 million population and 0.23 among persons aged ≥65 years; the case-fatality rate was 13.2% overall but 31.3% among persons aged ≥65 years."

The article states that one of the reasons for the precipitous decline in the incidence of tetanus in the U.S. is **better wound care**.

One last comment. Since the chance of getting struck by lightning is approximately 1 in 700,000, you are 20 times more likely to be struck by lightning in any given year than you are to become infected with tetanus. https://news.nationalgeographic.com/news/2004/06/flash-facts-about-lightning/

## What about Diphtheria?

The DPT, DTaP and TD vaccines are still currently used against diphtheria in the U.S., yet the CDC reports that "**Between 2004 and 2015, 2 cases of diphtheria were recorded in the United States**." According to the article, "most physicians will never have seen a case of diphtheria in their lifetime." https://www.cdc.gov/diphtheria/clinicians.html

**Maybe it's time we consider removing the D (Diphtheria) from those vaccines, at least in parts of the world where it is no longer an issue. That would reduce the load of aluminum, polysorbate 80, glutaraldehyde, formaldehyde, the various problematic antibiotics discussed earlier and other chemicals into the bodies of the recipients. With our advanced medical care options, including effective antibiotics and easy access to medical care, a case of diphtheria if one ever presented itself could be easily managed. At what point is a vaccine ever taken off the market? Never? When does the risk vs. reward equation flip? Just asking! My guess is that the answer is never if you are on the profit side of that equation.**

## The DPT vaccine has a long and storied history of high rates of severe adverse reactions

Rather than add a lengthy section about the DPT vaccine here, I thought I would just add one article and then recommend that you start at the beginning of this eBook and do a key word search for DPT. It will take you to each instance where it is discussed in ***1200 Studies*** (and there are a lot!). As an exclamation point to describe the fallout from DPT, the lawsuits from children damaged by the DPT vaccine had forced 2 of the 3 manufacturers to drop out of the market. Why? Because as referenced by the late Supreme Court Justice Antonin Scalia on page 388, one of the manufacturers that dropped out claimed the "**potential tort liability exceeded its annual sales by a factor of 200"**. That speaks volumes about the problems caused by the vaccine. Incidentally, this was the defining moment that gave us the National Childhood Vaccine Injury Act (NCVIA), otherwise known as COMPLETE IMMUNITY FROM RESPONSIBILITY AND LIABILITY FOR VACCINE MAKERS.

## The Pertussis component of DPT was the most problematic

A 1981 article from the journal ***Pediatrics*** titled, **Nature and rates of adverse reactions associated with DTP and DT immunizations in infants and children**, compared the adverse reactions between the DTP and the DT (without the Pertussis component) vaccines. It really is a glaring piece of evidence that shows that the Pertussis component was responsible for a large number of adverse reactions from DPT. Bear in mind that these were only reactions that occurred within 48 hours. Many of the reactions including very severe ones from DPT occurred beyond the first 48 hours.
https://www.ncbi.nlm.nih.gov/pubmed/7031583

**The Abstract:**
"In 784 DT and 15,752 DTP immunizations given to children 0 to 6 years of age who were prospectively studied for reactions **occurring within 48 hours following immunization**, minor reactions were significantly more frequent following DTP vaccine. **The ratio of reaction rates associated with DTP and DT immunizations (DTP/DT) for selected local and systemic reactions was as follows**: local redness, 37.4%/7.6%; local swelling, 40.7%/7.6%; pain, 50.9%/9.9%; fever, 31.5%/14.9%; drowsiness, 31.5%/14.9%; fretfulness, 53.4%/22.6%; vomiting, 6.2%/2.6%; anorexia, 20.9%/7.0% and persistent crying, 3.1%/0.7%. Following DTP immunization **nine children developed convulsions and nine developed hypotonic hyporesponsive episodes.** No sequelae were detected following these reactions."

# Smallpox

## The smallpox vaccine carries a risk of deadly encephalitis

The Journal ***Seminars in Neurology*** published an article in 2002 titled, **The smallpox vaccine and postvaccinal encephalitis.** https://www.ncbi.nlm.nih.gov/pubmed/?term=12170398

**From the Abstract:**
"Smallpox is one of the deadliest infectious diseases in history. The discovery by Edward Jenner that inoculation with a droplet of pus from a cow with cowpox protected a person from smallpox resulted in the successful vaccination of millions of people. **There were, however, complications associated with smallpox vaccination; the most serious complication was postvaccinal encephalitis, which was reported to occur with an incidence of 1 in 110,000 vaccinations and a case-fatality rate of 50%."**

"The first case of postvaccinal encephalitis as a complication of the Jennerian cowpox inoculation was observed in 1905. **A century later, there is no effective therapy**."

**For a historical look at the smallpox vaccine, including the deadly side effects and little-known facts go to https://thevaccinereaction.org/2017/06/the-smallpox-vaccine-was-no-**

**silver-bullet/ Also, see the discussion on Vero Cells in the Vaccine Ingredients section of this document.**

# Polio- The untold story of its pre-vaccine decline and post vaccine adverse effects

This section comes from an article written by Suzanne Humphries MD and appearing in 2012 here: http://www.whale.to/v/cdc_and_friends.html

The article addresses what poliomyelitis really is, its various causes (infectious and non-infectious), and the terrible resurgence of the same paralytic conditions that the CDC claims have been eradicated by their vaccine programs, in what Dr. Humphries calls "misinformation campaigns". The only difference is, that the name has been changed (i.e. Acute Flaccid Paralysis which can be caused by numerous viral and chemical agents, including DDT) and it in many cases is being caused by the polio vaccines themselves. First, what does the term poliomyelitis mean? According to Suzanne Humphries MD, "The term "poliomyelitis" is a description of spinal pathology. The meaning of the word comes from Greek: *polios= gray, and muelos =marrow, itis=inflammation; meaning "inflammation of the gray matter of the spinal cord."*

All poliomyelitis means is that the gray matter of the spinal cord is inflamed. This can occur anywhere from the brainstem to the end of the spinal cord, and it has always had many causes, the least of which is a virus that lives in intestines of healthy people.

The result of this inflammation, whether chemical or viral, leads to certain characteristic muscular symptoms that have been conditioned into the minds of several generations of people to appear as the classic atrophied limbs, iron lungs and other horrifying images.

By definition and by historical documentation, these infamous images of polio should by no means be blamed solely on a specific wild-type (naturally occurring) virus. **Environmental toxins, other infections, and laboratory-derived vaccine viruses were all implicated in paralytic polio over the years. Yet wild virus, even though it is said to be asymptomatic in 95% of infected, and only causes paralysis in a small amount of infected is the excuse for world-wide polio vaccination with live viruses that are known to cause their own outbreaks of polio in China, Nigeria and India**.

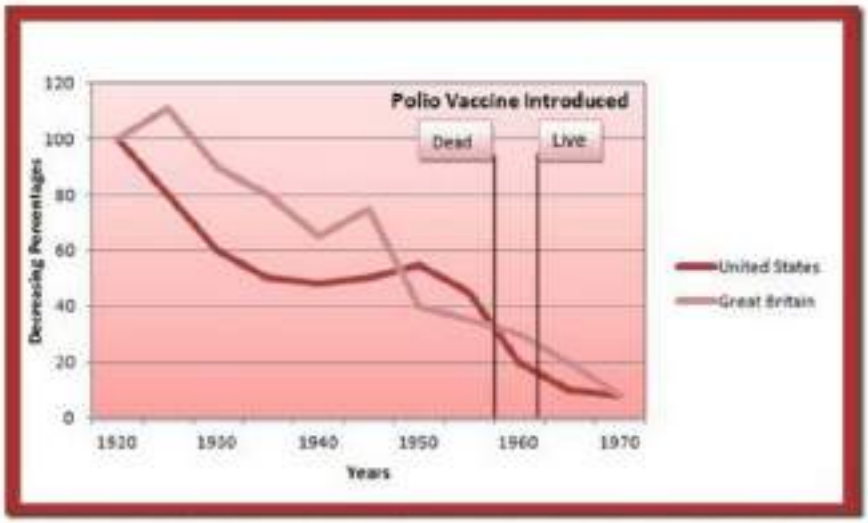
**In her article, Dr. Humphries shows an interesting graphic of Polio morbidity showing that 95% of persons infected with the polio virus never develop any symptoms, about 4+% have minor symptoms and less than 1% develop a degree of permanent paralysis. Of those 1%, 5-10% will die due to paralysis of the diaphragm. That is equivalent to approximately 5-10 out of every 10,000 people that contract polio will die as a result.**

## We commonly hear that vaccines have eliminated dangerous diseases. Polio, the poster child for that statement has a different story to tell.

On the chart discussed previously in the section titled, **A picture is worth a thousand words- These must-see graphs say it all!**
See https://www2.census.gov/library/publications/2004/compendia/statab/123ed/hist/hs-18.pdf,

Check out an interesting caveat to the claims of the polio decline. **On this chart you will want to concentrate on the second column from the right titled "Acute Polio Myelitis." Notice the low rates of polio cases from 1900- 1944. It then peaked in 1952 and began to drop in 1953 (by 38%). By 1955 the rates had dropped by more than 50% from the peak year of 1952. Jonas Salk developed the polio vaccine in 1953, but it was not distributed for use until April 1955, therefore polio had already seen a greater than 50% drop in cases before the vaccine was made available. In other words, it dropped 50% in just 3 years, BEFORE distribution of the vaccine. That is a very precipitous decline!** According to the ***History.com*** website, "In 1954, clinical trials using the Salk vaccine and a placebo began on nearly two million American schoolchildren. In April 1955, it was announced that the vaccine was effective and safe, and a nationwide inoculation campaign began. New polio cases dropped to under 6,000 in 1957, the first year after the vaccine was widely available. In 1962, an oral vaccine developed by Polish-American researcher Albert Sabin became available, greatly facilitating distribution of the polio vaccine." http://www.history.com/this-day-in-history/salk-announces-polio-vaccine Based on these government census records, **cases of polio had dropped 98% by 1961, even before the oral polio was available** ("which greatly facilitated distribution of the polio vaccine").

**This chart shows the decline in the death rate from polio between 1920 and 1970 in the U.S. and Great Britain**




From 1923 to 1963, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47 percent and 55 percent, respectively. Source: International Mortality Statistics (1981) by Michael Alderson.

According to Leon Chaitow D.O. in his book, **Vaccination and Immunisation: Dangers, Delusions and Alternatives**, "In the UK, the incidence of polio was at its highest in the early 1950s and by the time vaccination was introduced, it had already declined by over 80%."

I will acknowledge that the polio vaccine may have played some role in the reduction of polio, but does it really deserve the "sole" credit that the pharmaceutical industry would have us believe. Nearly all scientists agree that many infectious diseases go through cyclical patterns of outbreaks and diminished activity. Is it possible that the polio epidemic was just another example of that? I realize that I am questioning a "Sacred Cow" in the polio vaccine, but facts are facts. And facts are stubborn things.

Lynne McTaggart, in her major expose book **What Doctor's Don't Tell You**, states what has been obvious in the ebbs and flows of many other infectious diseases, is that they change over time with or without vaccination.

**Dr. Chaitow states the following: "Dr. Dr. Bernard Greenberg, the head of the Department of Biostatistics at the University of North Carolina School of Public Health, has gone on record to say that cases of polio increased by 50% between 1957 and 1958 and by 80% between 1958 and 1959 *after* the introduction of mass immunization**. In five New England slates cases of polio roughly doubled after polio vaccine was introduced. Nevertheless, in the midst of the polio panic of the 1950s, with pressure to find a magic bullet, statistics were manipulated by health authorities to give the quite the opposite impression."

Dr. Greenberg is a credible witness. He worked on the front lines of the polio epidemic in the 1950s. As a biostatistician, an expert in the area of public health and being a former Chairman of the ***Committee of Evaluation and Standards of American Public Health*** he was uniquely qualified. In addition, he was an expert witness before the ***American Congressional hearings*** on polio vaccination in 1962.

**Importantly, he stated that the diagnostic criteria of what was being called polio changed, creating the impression of a drop in polio cases**. "**In 1955 we started reporting a new disease - paralytic poliomyelitis with longer lasting paralysis'. Diagnostic procedures continued to be refined. Coxsackie virus infections and aseptic meningitis have been distinguished from poliomyelitis**. **Prior to 1954 large numbers of these cases undoubtedly were mislabeled as paralytic poliomyelitis**. Thus, simply by changes in diagnostic criteria the number of paralytic cases was predetermined to decrease in 1955 to 1957, whether or not any vaccine was used." **In other words, the numbers of polio diagnoses prior to 1954 were higher than after the introduction of the vaccine in 1955-1956, because the very similar presenting cases of Coxsackie and Aseptic Meningitis cases were often misidentified as poliomyelitis**. Laboratory confirmation of residual paralysis was not required. In 1955 as the vaccine was being introduced, the diagnostic criteria was conveniently changed to make the diagnosis of paralytic poliomyelitis much harder. Residual paralysis was determined 10 to 20 days after onset of illness and again 50 to 70 days after onset. Since most cases of wild poliomyelitis were temporary and resolved within this time frame, the incidence of "diagnosed and confirmed" cases naturally went down.

There you have it! Dr. Greenberg sheds light on the truth. **The number of polio cases were decreasing in part, because they changed the diagnostic criteria to make a diagnosis of polio much more stringent.** And coincidently, vaccines could take the credit. **Another miracle of science. The science of manipulating statistics!**

One more caveat. **The March of Dimes contributed $233 million dollars between 1938 and 1955 to caring for children struck with polio. Therefore, virtually any form of paralytic disorder whether viral polio or not was labeled polio**. That way the child could receive coverage for hospital or medical care as needed under the March of Dimes program.

***March of Dimes*** was founded by Franklin D Roosevelt on January 3, 1938 as the ***National Foundation for Infantile Paralysis.*** According to Wikipedia, "Roosevelt was himself diagnosed with polio in 1921, although his symptoms are now known to be more consistent with Guillain–Barré syndrome – an autoimmune neuropathy which Roosevelt's doctors failed to consider as a diagnostic possibility". https://en.wikipedia.org/wiki/March_of_Dimes

## The forgotten story of the tragedy caused by the live polio virus: The Cutter Incident

In 1955, ***Cutter Laboratories*** of Berkeley California released a polio vaccine that caused paralysis and death in many children receiving the vaccine. During production, certain batches of the vaccine did not contain enough formaldehyde to effectively kill the live polio virus. According to Dr. Paul Offit, author of the book, **The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis**, "200,000 people were inadvertently injected with the live polio virus and 70,000 became ill and 200 were permanently paralyzed. In addition, the vaccine resulted in 10 deaths." Paul Offit is a strong vaccine proponent who has been involved in much vaccine research with the CDC.

According to Dr. Offit, "**Seventy-five percent of Cutter's victims were paralyzed for the rest of their lives.**" A team led by epidemiologisit Alexander Langmuir of the Communicable Diseases Center (now the CDC) in Atlanta, GA determined that "the disease caused by Cutter's vaccine was worse than the disease caused by natural polio virus," adds Dr. Offit.

**Dr. Suzanne Humphries, details that of those 70,000 that "became ill", 40,000 actually developed polio from the vaccine. A second source on that statistic is listed below.**

**Sources:**
Dr. Humphries Interview with Dr. Joseph Mercola
https://articles.mercola.com/sites/articles/archive/2015/01/18/history-vaccination.aspx

Also, a 2006 article published in The ***Journal of the Royal Society of Medicine*** titled, **The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis**, tells the story of a failed polio vaccine and the damage it caused.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1383764/ .

Dr. Humphries goes on to say, "Live poliovirus, which was put in an injectable vaccine, would appear to be inactivated right after it was made, but sometimes it would 'resurrect' in the vial… In essence, the formaldehyde did not kill off all the polioviruses in these vaccines, which led to live polio viruses being injected. As a result, more people developed paralysis from the vaccine in 1955 than would have developed it from a wild, normal natural poliovirus."

Additionally, ***Cutter Laboratories*** was not the only manufacturer of the the Salk IPV. Wyeth Laboratories also produced a defective Salk vaccine that caused paralysis. Other pharmaceutical companies are believed to have done so, as well. But only Cutter's vaccine was recalled. This means that, potentially, tens of millions of doses of improperly inactivated "live" Salk vaccine were sold and injected into children in the U.S. and around the world until the "inactivated" Salk vaccine was replaced by the live oral Sabin vaccine in the early-1960s.

## Today, most cases of polio are caused by the vaccine

According to Leon Chaitow in his book, **Vaccination and Immunisation: Dangers, Delusions and Alternatives**, "(in the US between 1980 and 1985 there were 55 cases of paralytic polio in the USA. 4 occurred in people returning from abroad and the other 51 resulted from vaccination)."

According to ***National Public Radio***, as reported on their web site June 28, 2017…**Mutant Strains Of Polio Vaccine Now Cause More Paralysis Than Wild Polio**

https://www.npr.org/sections/goatsandsoda/2017/06/28/534403083/mutant-strains-of-polio-vaccine-now-cause-more-paralysis-than-wild-polio

"For the first time, the number of children paralyzed by mutant strains of the polio vaccine are greater than the number of children paralyzed by polio itself.

**So far in 2017, there have been only six cases of "wild" polio reported anywhere in the world**. By "wild," public health officials mean the disease caused by polio virus found naturally in the environment.

**By contrast, there have been 21 cases of vaccine-derived polio this year**. These cases look remarkably similar to regular polio. But laboratory tests show they're caused by remnants of the oral polio vaccine that have gotten loose in the environment, mutated and regained their ability to paralyze unvaccinated children."

**Michel Zaffran, the director of polio eradication at the World Health Organization, seems to think that the collateral damage is worth it. "Of course we need to recognize that there have been a few cases of children paralyzed because of the vaccine virus, which is regrettable. But, you know, from a public health perspective, the benefits far outweigh the risk."**

**How typical of many public health officials. It is worth it, to sacrifice a few to benefit the many. That is of course unless your child is the one on the alter!**

**This is the second time in this document we have seen public health officials take the stance that it's okay to sacrifice "the few" for the many….**

## This 2018 publication cites violations of ethical principles in the choice to use the live polio virus, versus the inactive version in India and states that hundreds of thousands of children were injured as a result

A 2018 comment published in the ***Indian Journal of Medical Ethics*** titled**, An ethical appraisal of the choice of vaccines against Poliomyelitis**, levies harsh criticism in the choice of polio vaccine used in India. They cite that hundreds of thousands of children suffered adverse events as a result. http://ijme.in/articles/an-ethical-appraisal-of-the-choice-of-vaccines-against-poliomyelitis/?galley=html

**The Abstract:**
"Medical ethics is invoked for immunisation of children as it involves an interaction between a healthcare professional and the child. Immunisation under the national immunisation programme is a public health intervention and the common belief is **that ethics is not relevant**." *That is a sad statement!*

"Two vaccines with contrasting safety and efficacy profiles were available against polio before the national immunisation programme was launched: the inactivated poliovirus vaccine (IPV) and the live attenuated oral poliovirus vaccine (OPV). India chose OPV and excluded IPV. We carried out an ethical appraisal of that choice. Principles of **medical ethics comprising four elements—non-maleficence, beneficence, autonomy and justice**—was already in vogue at the time. Applying each of them, a head-to-head comparison between IPV and OPV is made. **The results clearly show that the choice of vaccine was made without using ethical principles, resulting in serious adverse effects in hundreds of thousands of children. We recommend that medical ethics must be applied to all choices of public health interventions.**"

"We draw an important lesson from this historical national experience: ethical principles must be applied in all public health policies. People on whom public health interventions are applied may not be clients of any transaction, but **they are human beings and the application of ethics is essential**."

## What would it look like if we would flip the argument, that "it's worth sacrificing the few for the many"?

In fact, I have heard this rationale repeated many times when stories talk about vaccination being for the greater good of society. **One thought that stuck me is that the argument can and should be flipped on them. It can be said that it is justified that the few that succumb to normal childhood illnesses is tolerable and justifiable, because we spare millions from permanent neurological and immunological illnesses, chronic illnesses and in some cases even death. Look at the rate of these illnesses in the vaccinated population and compare it to the unvaccinated population. It's not just autism and other neuro-developmental conditions, it's all of the other devastating and life altering-life limiting illnesses like autoimmune diseases that we are seeing grow to epidemic proportions.**

We can't be certain that every person that develops these conditions over time can be traced to a vaccine related cause, because as life unfolds people are exposed to an accumulating dose of chemicals and toxins, some by chance and some self-imposed. But, when the research isolating vaccines as a direct cause of a myriad of health problems in early development, doesn't it make sense to start there? Especially given the fact, that babies and young children are born with untapped potential and are at the most vulnerable point of their lives with regard to exposure to heavy metals, toxins, chemicals and foreign DNA, whether human or animal. **LET'S START THERE!** Let's give them a fighting chance right out of the gates. Let's give them the opportunity to develop a healthy and balanced nervous and immune system.

This is why children of chiropractors and naturopathic physicians rarely need to visit the pediatrician and have a significantly lower rate of chronic neurological and immunological disorders. It's no secret. It's something that they have shouting from the roof tops at least since my 30 years of practice if not longer. They and their patients who follow that advice, have been experiencing the same better outcomes their own children for all those years as well. If the population as a whole adopted this approach, there will be an economic cost to certain branches of the medical profession and the pharmaceutical industry, but is protecting those economic interests worth the healthy lives of our children?

This next story underscores the tragic consequences of when vaccination programs go horribly wrong.

## The dirty little-known cancer fact about the polio vaccine

Between the years of 1955 – 1963, the polio vaccine unknowingly contained a monkey virus called simian virus – 40 or SV-40. The vaccine was contaminated as a result of being cultured in monkey kidneys. Over the last couple of decades this virus has been showing up in human tumors, leading many scientists to believe that this virus may be contributing to these cancers. Mesothelioma is one of the primary cancers suspected of being influenced by SV-40.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1941725/ this article published in the ***Journal of Infectious Diseases and Cancer*** 2007, titled **Simian Virus 40 in Humans**, discusses some very disturbing evidence regarding this viral contamination of the polio vaccine.

**These are quotes from the article:**
"Simian virus 40 (SV40) is a monkey virus that was administered to human populations by contaminated vaccines which were produced in SV40 naturally infected monkey cells."

"SV40 footprints in humans have been found associated at high prevalence with specific tumor types such as brain and bone tumors, mesotheliomas and lymphomas and with kidney diseases, and at lower prevalence in blood samples from healthy donors."

"A source of human exposure to SV40 occurred between 1955 and 1963, when inactivated and live anti-polio vaccines, prepared from polioviruses grown in naturally SV40-infected simian cell cultures, were administered to hundreds of millions of people in the United States, Canada, Europe, Asia and Africa."

"The problems related to SV40 infection in the human population and to SV40 contribution to human cancer have been summarized in the recent evaluation of the "***Immunization Safety Review Committee***" established by the ***Institute of Medicine of the National Academies***. The Committee concluded that "the biological evidence is strong that SV40 is a transforming virus, but it is of moderate strength **that SV40 exposure from polio vaccine is related to SV40 infection in humans and that SV40 exposure could lead to cancer in humans under natural conditions**."

**This is yet another example of the danger in blindly trusting doctors by allowing them to inject substances into our bodies that cannot be proven safe. By doing so, you are an unwilling participant in a huge human experiment.**

**Today, there are major concerns regarding confirmed retroviruses, human DNA and other contaminants within many of the vaccines on the current CDC schedule and the undesirable effects in people receiving these vaccines. If history has taught us anything, it's that we should never blindly trust anyone who says a medication of any kind is 100% safe. Yet, isn't that we hear constantly about vaccines in the media?**

## Now the kicker- What was the REAL cause of the "polio like" symptom epidemic in the 1940s and 1950s? Here is a solid theory.

**Here's one credible theory:**

Keep this statement from an article published on the EPA's web site titled, **DDT Regulatory History: A Brief Survey (to 1975)**, in mind as you read this next section.

"After 1945, agricultural and commercial usage of DDT became widespread in the U.S. The early popularity of DDT, a member of the chlorinated hydrocarbon group, was due to its reasonable cost, effectiveness, persistence, and versatility. During the 30 years prior to its cancellation, a total of approximately 1,350,000,000 pounds of DDT was used domestically.

After 1959, DDT usage in the U.S. declined greatly, dropping from a peak of approximately 80 million pounds in that year to just under 12 million pounds in the early 1970s".
https://archive.epa.gov/epa/aboutepa/ddt-regulatory-history-brief-survey-1975.html

## The DDT, BHC, lead and arsenic connection

This **excellent** article detailing the use of these chemicals and the incredible correlation with the rise and fall of polio prior to the vaccine's introduction is absolutely astounding! When you see the graphs, you will see the incredible association. The use of these chemicals was rampant and their toxic effects on

humans was denied for decades. The article even shows dairy farmers spraying DDT on dairy cows in a barn. DDT has an affinity for fat and was transmitted through the cow's milk. All of the above-mentioned chemicals lead to neurological damage and polio like symptoms. And, since the diagnosis of polio back then was based on a symptomatic presentation and typically did not involve laboratory confirmation, it would've been easy to mis-identify this poisoning for the polio virus.

What I couldn't figure out as I first looked at the graphs was, why did the rise of polio precede the use of DDT and BHC by about 6 years? (Incidentally, BHC is considered by many health experts to be even more toxic to humans than DDT). Then the graph you will see showing when the huge increase in the use of lead and arsenic as pesticides answered that dilemma. It perfectly accounted for the six-year gap. What we were seeing is the combined use, accumulation AND combined effect of exposure to these neurotoxins. **As poignant and amazing, is the fall of polio as it correlates directly with the recognition that these chemicals were damaging to health and the environment and their subsequent decline in use.** As you read through the article, you will see the jaw dropping parallels. The last graph found under the **Pesticide Composite Summary**, really brings everything into focus. It shows the combined use of these chemicals foreshadowing and superimposed over the graph of the rise and fall of polio. It is noteworthy to mention, that one of the precipitating factors to the recognition of the dangers of pesticides was the landmark book written by ***Rachel Ward*** in 1962 called **Silent Spring**.
https://www.westonaprice.org/health-topics/environmental-toxins/pesticides-and-polio-a-critique-of-scientific-literature/

**Here is a description of DDT poisoning, which is indistinguishable clinically from poliomyelitis.**

According to ***Dr. Morton S. Biskind***, "Acute gastroenteritis occurs, with nausea, vomiting, abdominal pain, and diarrhea usually associated with extreme tenesmus. Coryza, cough and persistent sore throat are common, often followed by a persistent or recurrent feeling of constriction or a "lump" in the throat; occasionally the sensation of constriction extends substernally and to the back and may be associated with severe pain in either arm. Pain in the joints, generalized muscle weakness, apprehension and exhausting fatigue are usual; **the latter are often so severe in the acute stage as to be described by some patients as "paralysis**.

**Dr. Biskind's Warnings**

"In 1945, against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (chlorophenoethane, dichloro-diphenyl-trichloroethane) was released in the United States and other countries for general use by the public as an insecticide. . . . "Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed. **A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected. In man, the incidence of poliomyelitis has risen sharply. . . .**

"**It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk. With this foreknowledge the series of catastrophic events that followed the most intensive campaign of mass poisoning in known human history, should not have surprised the experts. Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly**

**accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign. . . .**

**One last thing on this topic worth mentioning, is that as the health effects of these chemicals became obvious in the U.S. and their use declined, the chemical manufacturers had to find other markets for these chemicals. Guess where they went? To developing and third world countries. One last question…. guess what happened over the next few decades to the incidence of "polio" in those nations? If you guessed that it escalated, you are right. So, since the Salk vaccine got the credit for "eradicating" polio in western countries it naturally became the answer for the worldwide epidemic that followed in under-developed nations and a whole new market for the vaccine was created.**

**These chemicals can remain persistent in the environment. The half-life or amount of time it takes DDT to degrade in the soil is between 2 and 15 years. It is estimated that the half-life of DDT in an aquatic environment is approximately 150 years.** http://npic.orst.edu/factsheets/ddtgen.pdf

## A report in the Archives of Pediatrics identifies environmental toxins as the real cause of polio

In a report prepared for ***The Select Committee to Investigate the Use of Chemicals in Food Products, United States House of Representatives***, Washington, D.C. by Ralph R. Scobey M.D. titled, **The Poison Cause of Poliomyelitis and Obstructions to Its Investigation**, the strong connection between poisons or toxins and poliomyelitis is made. The report was published in the ***Archive of Pediatrics*** in April 1952.

**In the report Dr. Scobey discusses many different historical instances of poliomyelitis and paralytic conditions caused by various poisons like pesticides, lead, mercury, arsenic, carbon monoxide and potassium cyanide. He goes on to describe various effective treatments for poliomyelitis that work for cases of poisoning but are not effective for infectious diseases. He also details numerous cases where tainted food supplies caused similar outbreaks.**

In addition, he explains how certain nutritional deficiency diseases in the past have been mistaken for infectious diseases. He gives this example of **Pellagra a niacin deficiency disease**…." Several commissions, appointed during the first quarter of this century to investigate the cause of pellagra, concluded from their studies that pellagra was an infectious, contagious disease. Harris (1913) was able to inject Berkefeld filtered tissue material from pellagra victims into monkeys to cause a corresponding disease in these animals. He concluded from these experiments that a virus was present in the injected material and that it was the cause of pellagra. If the work of Harris had been followed exclusively, various strains of this "virus" might have been discovered and a vaccine, effective in experimental animals, might have been developed, as in the case of poliomyelitis. Today, as a result of unlimited research, however, we know conclusively that pellagra is not caused by a virus but rather that **it is a vitamin deficiency disease**. It is obvious that if the investigations of pellagra had been restricted to the virus theory, it would still be a mystery."

## A 2018 study tells a very different story than the often-heard mantra about the safety and effectiveness of the polio vaccine

A study published in the ***Journal of Virology*** titled, **Newcastle Disease Virus-Based Vectored Vaccine against Poliomyelitis**, claims that the current polio vaccine sometimes causes polio in the recipients and the attenuated virus (the weakened virus in the vaccine), can regain its full virulence or potency. Essentially, they admit that the current vaccines being used can expose recipients to the disease, are ineffective and new vaccines are needed. https://www.ncbi.nlm.nih.gov/pubmed/29925653

**From the Abstract:**
"The suboptimal properties of the existing vaccines are among the major reasons why the program has repeatedly missed eradication deadlines. **Oral live poliovirus vaccine (OPV), while affordable and effective, occasionally causes the disease in the primary recipients, and the attenuated viruses rapidly regain virulence and can cause poliomyelitis outbreaks. Inactivated poliovirus vaccine (IPV) is safe but expensive and does not induce the mucosal immunity necessary to interrupt virus transmission**. While **the need for a better vaccine is widely recognized**, current efforts are focused largely on improvements to the OPV or IPV, which are still beset by the fundamental drawbacks of the original products."

"A new, safe, and effective vaccine against poliovirus **is urgently needed** not only to complete the eradication of the virus but also to be used in the future to prevent possible virus reemergence in a postpolio world."

## How do toxic chemicals contribute to the spread of an infectious disease like polio?

In the case of DDT and other chemical neurotoxic agents like lead, arsenic and BHC, a poliomyelitis syndrome can be triggered in susceptible individuals. The other, but KEY factor is that these chemicals can force a virus, bacteria or yeast pathogen to use very innovative ways to protect itself.

"DDT enhances the release and intracellular multiplication of poliovirus. According to a study titled, **Effects of insecticides on mammalian cells and virus infections** it likely contributes to creating a monster out of a normally benign gut virus. Additionally, exposure to DDT induces symptoms that can be completely indistinguishable from poliomyelitis – even in the absence of a virus." Biskind M., 1949. **DDT Poisoning and the Elusive "Virus X:" A New Cause For Gastroenteritis**. ***Am J Dig Dis***. *Vol 16 Num 3. Pp 79-84*.

According to an article written by Jim West and posted on February 08, 2003, a section titled, **The Symbiotic Poliovirus** had this explanation….

"Having now established the possibility of an innocent poliovirus, its presence in polio can be explained as follows: accelerated genetic recombination. Genetic recombination is accelerated whenever a

biological system is threatened[22] and pesticides can be that threat. The proliferation of viruses can be part of the process of accelerated genetic recombination."

"When a cell is critically threatened, accelerated genetic recombination (which may include virus proliferation) is just one of a set of events that may occur. This set of events is called the "SOS response," which is known to be triggered by exposure to toxic chemicals or radiation.[23] Arnold Levine, writing in *Field's Virology*, provides an example: "When lysogenic bacteria were lysed [split open] from without, no virus was detected. But from time to time a bacterium spontaneously lysed and produced many viruses. The influence of ultraviolet light in inducing the release of these viruses was a key observation that began to outline this curious relation between a virus and its host."[24]

"It is ironic that common medical procedures such as chemotherapy, radiation therapy, and the use of toxic pharmaceuticals accelerate genetic recombination and thus the potential for a necessary virus proliferation."

"The SOS response is utilized in the Ames Assay Test, a standard test whereby chemical toxicity is determined. According to the procedure, bacteria are exposed to a chemical solution in question, and if a genetic recombination accelerates via the spontaneous proliferation of viruses from these bacteria, then the chemical is determined to be a poison. The phenomenon is analogous to a poker player with a bad hand who must request an exchange of cards and a reshuffled deck to improve the possibilities for survival. In the Ames Assay Test, bacteria are concerned with their genetic "hand" in order to improve their abilities to metabolize poisons, create utilizations for poisons, and shield against poisons. Thus, they engage in this well-known phenomena of "gene shuffling," facilitated by virus proliferation."

"Thus, I propose that the poliovirus is a symbiotic (and possibly a dormant) virus that behaves in a manner suggested by the phenomenon found in the Ames Assay Test, a test used to determine toxicity."

## The latest "polio-like-illness" named AFM demonstrates suspicious spikes in incidence relating to when vaccination rates in children are highest

According the CDC in a document online titled **AFM Investigation**, "Acute flaccid myelitis (AFM) is a rare but serious condition. It affects the nervous system, specifically the area of the spinal cord called gray matter, which causes the muscles and reflexes in the body to become weak. CDC has been thoroughly investigating the AFM cases that have occurred since 2014, when we first noted a large number of cases being reported." https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html

**A portion of the facts that CDC has learned (emphasis mine):**

- These AFM cases are **not caused by poliovirus**; all the stool specimens from AFM patients that we received tested negative for poliovirus.
- We detected coxsackievirus A16, EV-A71, and EV-D68 in the spinal fluid **of four of 430** confirmed cases of AFM since 2014, which points to the cause of their AFM. **For all other patients, no pathogen (germ) has been detected in their spinal fluid to confirm a cause.**

- **Most patients had onset of AFM between August and October**, with increases in AFM cases every two years since 2014. At this same time of year, many viruses commonly circulate, including enteroviruses, and will be temporally associated with AFM.
- **Most AFM cases are children (over 90%)** and have occurred in 46 states and DC

**Symptoms of AFM:**
AFM can lead to serious neurologic problems.

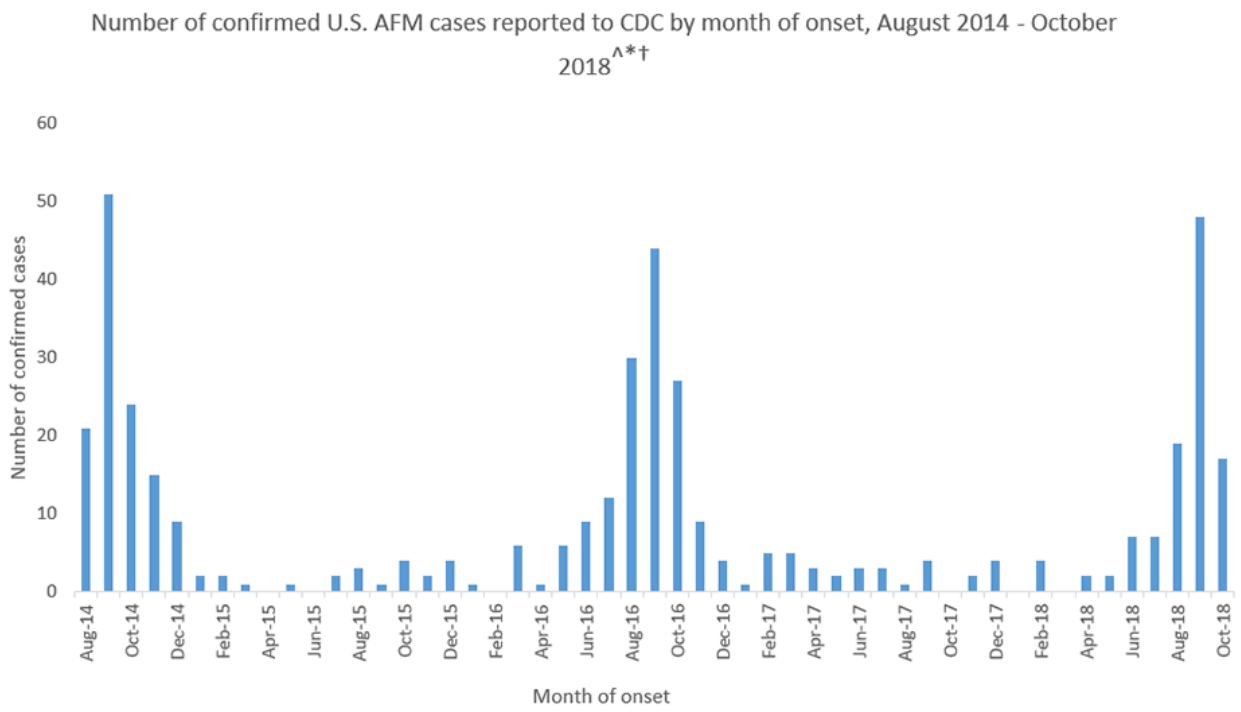
- facial droop or weakness
- difficulty swallowing
- difficulty moving the eyes
- drooping eyelids
- slurred speech
- weakness and loss of muscle tone and reflexes in the arms or legs

https://www.cdc.gov/features/acute-flaccid-myelitis/index.html

Quoting from an article on CBS News website titled, **CDC director says polio-like illness acute flaccid myelitis "doesn't appear to be transmissible"**, The director of the ***Centers for Disease Control*** and Prevention tells "***CBS This Morning***" that while the agency still doesn't know what's causing the polio-like illness acute flaccid myelitis, it "**doesn't appear to be transmissible from human to human**." The U.S. has seen a recent spike in cases of the rare neurological condition that largely affects children. *The fact that it doesn't appear to be transmissible, means that it most likely is not caused by an infectious organism.*

"CDC's been working very hard on this, since 2014, to try to understand causation and etiology. As we sit here today, we don't have understanding of the cause. We are, you know, continuing to strengthen our efforts, working in partnership with state and territorial health departments, and academic experts to try to figure this out," Dr. Robert Redfield told "CBS This Morning" co-host John Dickerson in his first TV interview as CDC director. The extended interview will air Tuesday, Oct. 30."

"So far this year, 72 cases of the disease have been confirmed in the U.S. Acute flaccid myelitis, also known as **AFM, is characterized by a sudden onset of arm or leg weakness and loss of muscle tone and reflexes**. Health experts say the disease can lead to paralysis and even death, but no deaths have been reported so far this year."




When I saw this graph the first question in my mind was, with the huge spike in incidence being the same time of the year, **what occurs just prior to the spikes that could be a trigger?**

## Hypothesis #1- Vaccines

**And the answer hit me…children are vaccinated before the start of the school year!** If parents take their children to the pediatrician to get up to date on their vaccines, **they typically do that in July and August**. Sometimes vaccine reactions are immediate and sometimes there is some delay. So that timeline makes perfect sense looking at the graph. There are a couple really puzzling questions about the correlation.

The first is, **why do the occurrences happen every other year (2014, 2016 and 2018)?** I don't have a working theory on that yet.

**The second is why the broad age range?** The average age contacting the disorder in 2014 was 7.1 years old, although the range is from 6 months old to 20 years old, meaning they are of school age (including college). The average age so far in 2018 is 4 years old, but also with a broad age range through the teen years. If there was a change in vaccine doses just for a particular age group, why would we see the wide range of children affected?

### Hypothesis #1, Theory 1- The flu shot and a *Guillain-Barre like Syndrome*

Then I asked myself, **what vaccine would have common dosing across all age demographics and be given late summer/early fall? It was the flu shot of course**. It is recommended starting at age 6 months

and annually thereafter. The flu "season" officially starts on October 1st every year. Infants and toddlers typically get them a month or two before the flu season. Since, children and teens would most likely be given their flu shot along with any vaccines that needed to be given prior to starting the school year, they would most likely get them sometime between June and September. This timeline would fit perfectly with the extreme spike during the months of August, September and October, with the peak month of September.

The next thing I looked at was the similarities with AFM and ***Guillain-Barre Syndrome***. Guillain-Barre is a rare, but well known and established serious complication of the flu shot. Here is an article from the ***National Vaccine Information Center*** about the connection.
https://www.nvic.org/vaccines-and-diseases/influenza/vaccine-injury.aspx

*What is Guillain-Barre?*

**According to MayoClinic.org-**
Guillain-Barre (gee-YAH-buh-RAY) syndrome is a rare disorder in which **your body's immune system attacks your nerves**. Weakness and tingling in your extremities are usually the first symptoms.

These sensations can quickly spread, **eventually paralyzing your whole body**. In its most severe form Guillain-Barre syndrome is a medical emergency. Most people with the condition must be hospitalized to receive treatment.

The exact cause of Guillain-Barre syndrome is unknown. But it is often preceded by an infectious illness such as a respiratory infection or the stomach flu. ***(Me: as well as the well-established flu vaccine connection)***

There's no known cure for Guillain-Barre syndrome, but several treatments can ease symptoms and reduce the duration of the illness. **Most people recover from Guillain-Barre syndrome, though some may experience lingering effects from it, such as weakness, numbness or fatigue**.

**Symptoms**
**Guillain-Barre syndrome often begins with tingling and weakness starting in your feet and legs and spreading to your upper body and arms. In about half of people with the disorder, symptoms begin in the arms or face. As Guillain-Barre syndrome progresses, muscle weakness can evolve into paralysis**.

**Signs and symptoms of Guillain-Barre syndrome may include:**

- Prickling, pins and needles sensations in your fingers, toes, ankles or wrists
- Weakness in your legs that spreads to your upper body
- Unsteady walking or inability to walk or climb stairs
- Difficulty with eye or facial movements, including speaking, chewing or swallowing
- Severe pain that may feel achy or cramplike and may be worse at night
- Difficulty with bladder control or bowel function
- Rapid heart rate

- Low or high blood pressure
- Difficulty breathing

People with Guillain-Barre syndrome usually experience their most significant weakness within two to four weeks after symptoms begin.

**Types**
Once thought to be a single disorder, Guillain-Barre syndrome is **now known to occur in several forms**.

**The main types are:**

- **Acute inflammatory demyelinating polyradiculoneuropathy (AIDP),** the most common form in the U.S. The most common sign of AIDP is muscle weakness that starts in the lower part of your body and spreads upward.
- **Miller Fisher syndrome (MFS),** in which paralysis starts in the eyes. MFS is also associated with unsteady gait. MFS occurs in about 5 percent of people with Guillain-Barre syndrome in the U.S. but is more common in Asia.
- **Acute motor axonal neuropathy (AMAN) and acute motor-sensory axonal neuropathy (AMSAN)** are less common in the U.S. But AMAN and AMSAN are more frequent in China, Japan and Mexico.

https://www.mayoclinic.org/diseases-conditions/guillain-barre-syndrome/symptoms-causes/syc-20362793

**When you look at the symptoms and variations of the different neurological subtypes, what is to say that AFM is not just another manifestation of Guillain-Barre Syndrome? Compare the symptoms to the symptoms of AFM a couple of pages ago. There are some very close similarities. Now I admit that this observation is just a hypothesis and that I have no proof of the connection, but it does sound very plausible.**

Even though the Influenza vaccine is most commonly associated, other vaccines that have been shown to trigger Guillain-Barre Syndrome include:

- Hepatitis A or Hepatitis B Vaccines
- Gardasil or HPV Vaccine
- Tetanus Shot, Tdap, or DtaP
- Menactra (MCV4) Vaccine

## Hypothesis #1, Theory 2- Contaminated vaccine ingredients involving other vaccines

The other thing that came to mind, is **I wonder if vaccine manufacturers are outsourcing the supply of some of their vaccine ingredients to China?** In other words, **was there a change in production, ingredients, or sources for those vaccine ingredients around the 2013-2014 time frame? Have the lot numbers of one or more of the vaccines that children receive changed from stockpiles that were**

**drawn from prior to 2014 that would indicate new "batches" were put into circulation that year**? Drug ingredients are increasingly being sourced from China, which has already led to injuries and deaths due to contamination from the poorly regulated facilities over there. I don't know if the vaccine manufacturers started sourcing some of the chemicals or other ingredients from China or not, but it should be looked into. Since the spikes in occurrence seem to be happening every other year, is there a manufacturing cycle or change that has occurred every other year?

### Hypothesis #2- An environmental toxin

**Remember the discussion you just read about on the polio epidemic as it relates to the DDT, BHC, lead and arsenic issue? Has another neurotoxin been introduced into our products of the environment that is triggering this reaction in susceptible individuals?** If so, why is it just affecting children, adolescents and teens? If it were an environmental neurotoxin, it should affect all ages, unless of course it was a product that only these age groups were exposed to. And, what exposure would occur in the summer months? I know in rural communities, herbicides like roundup are used on "Roundup ready" crops before harvest, which occurs at the end of summer. Again though, if that were the case why are only young people affected and not farm hands working the fields?

**There certainly are a lot of unanswered questions. But all leads including vaccine have to be explored!**

## Febrile infectious childhood diseases (FICDs) reduce the risk of cancer later in life

A study in the journal ***Medical Hypotheses*** titled, **Febrile infectious childhood diseases in the history of cancer patients and matched controls**, found that persons that had natural childhood infections with measles, mumps, rubella, pertussis, scarlet-fever and chickenpox had lower rates of cancer later in life. https://www.ncbi.nlm.nih.gov/pubmed/9824838

**From the Abstract:**
"The present study was designed to investigate the hypothesis that **febrile infectious childhood diseases (FICDs)** are associated with a lower cancer risk in adulthood…except for breast cancer"

"The study consistently revealed a **lower cancer risk for patients with a history of FICD**. **The strongest associations** were found between patients with non-breast cancers and rubella respectively chickenpox. **A strong association was also found** with the overall number of FICD both 'classical' (measles, mumps, rubella, pertussis, scarlet-fever and chickenpox) and 'other'."

"The number of FICD decreased the cancer risk, in particular for non-breast cancers."

## Cancer journal confirms that exposures to childhood infectious diseases are associated with lowered rates of several cancers

Another study in the journal ***Cancer Detection and Prevention*** titled, **Acute infections as a means of cancer prevention: opposing effects to chronic infections?**, confirms the association with the acquisition of childhood infectious diseases and lower cancer rates later in life. https://www.ncbi.nlm.nih.gov/pubmed/?term=16490323

**"PURPOSE:** Epidemiological studies have found an inverse association between acute infections and cancer development. In this paper, we review the evidence examining this potentially antagonistic relationship."

**"METHODS:** In addition to a review of the historical literature, we examined the recent epidemiological evidence on the relationship between acute infections and subsequent cancer development in adult life. We also discuss the impact of chronic infections on tumor development and the influence of the immune system in this process."

**"RESULTS: Exposures to febrile infectious childhood diseases were associated with subsequently reduced risks for melanoma, ovary, and multiple cancers combined, significant in the latter two groups. Epidemiological studies on common acute infections in adults and subsequent cancer development found these infections to be associated with reduced risks for meningioma, glioma, melanoma and multiple cancers combined, significantly for the latter three groups. Overall, risk reduction increased with the frequency of infections, with febrile infections affording the greatest protection."**

## Exposure to germs early in life are protective against many inflammatory diseases

A study published in ***Science*** titled, **Microbial Exposure During Early Life Has Persistent Effects on Natural Killer T Cell Function**, underscores the importance of the immune system being stimulated and strengthened by early exposure to microbes. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3437652/

**The Abstract:**
"**Exposure to microbes during early childhood is associated with protection from immune-mediated diseases such as inflammatory bowel disease (IBD) and asthma**. Here, we show that in germ-free (GF) mice, **invariant natural killer T (iNKT) cells** accumulate in the colonic lamina propria and lung, **resulting in increased morbidity** in models of IBD and allergic asthma as compared with that of specific pathogen-free mice. This was associated with increased intestinal and pulmonary expression of the chemokine ligand CXCL16, which was associated with increased mucosal iNKT cells. Colonization of neonatal—but not adult—GF mice with a conventional microbiota protected the animals from mucosal iNKT accumulation and related pathology. **These results indicate that age-sensitive contact with commensal microbes is critical for establishing mucosal iNKT cell tolerance to later environmental exposures**."

***(In other words, early exposure in life is essential to provide protection from environmental exposures later in life).***

## Other health benefits of acquiring childhood infectious diseases and the dangers of vaccine mediated immune alterations in the development of autoimmune disease

The long term pitfalls of the shortsighted childhood vaccine programs are summarized in a good article published on December 13, 2018 on **Robert F. Kennedy Jr.'s *Children's Health Defense*** web site which can be read here… https://childrenshealthdefense.org/news/vaccine-vs-disease-trade-offs-cheating-childrens-immune-systems/

**Isn't it ironic that the exact childhood infections that we are being told by Big Pharma must be eradicated, seem to be protective against so many things! And when you think about it, by inducing a higher rate of other illness and diseases the pharmaceutical industry is creating a whole population of sick people to peddle other medications to. What a brilliant and lucrative business model!**

## Here's a crazy revelation! The measles virus may become one of the most effective tools we have in the fight with cancer

An article published on ***cybermedlife.eu*** titled, **Measles is a natural cancer killer**, discusses a case study published by Mayo Clinic in which a woman's golf ball sized brain tumor was eradicated in just 36 hours. Since it is short, I decided to include it in its entirety.

**The article leads with the following statement**…
"**Health authorities may want to think twice about eradicating measles: researchers are discovering that the virus can fight cancer, and in one case dissolved a golf ball-sized tumor in just 36 hours**.

**The virus makes cancer cells join together and explode**, explains Mayo Clinic researcher Dr Angela Dispenzieri. It also stimulates the immune system to detect any recurring cancer cells and 'mops them up'.

Although it's been recognised for a long time that measles and other viruses are natural cancer fighters—it's known as virotherapy—the dose seems to be an important factor. Dispenzieri and her Mayo colleagues engineered, or genetically modified, the measles virus strain, and gave it in a dose strong enough to vaccinate 10 million people to a woman with end-stage multiple myeloma.

Virotherapy was a last-resort therapy as the 49-year-old woman had endured every type of chemotherapy and two stem cell transplants without success.

A response was immediate. Within five minutes, the doctors say she developed a splitting headache and a temperature of 105 degrees F. before she started vomiting and shaking. A tumor the size of a golf ball had disappeared inside 36 hours, and all signs of cancer had disappeared from her body within two weeks.

"I think we succeeded because we pushed the dose higher than others have pushed it," said Mayo researcher Dr Stephen Russell. "The amount of virus that's in the bloodstream really is the driver of how much gets into the tumors."

Researchers at University College London agree that virotherapy could be a promising way forward in the fight against cancer. In a study titled 'Measles to the Rescue', the researchers say that "virotherapeutic agents are likely to become serious contenders in cancer treatment", and that the vaccine strain of measles virus holds special hope."

(Sources: Mayo Clinic Proceedings, 2014; 789: 926-33; Viruses, 2016; 8: 294)

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# HEALTH OF VACCINATED vs. UNVACCINATED CHILDREN

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## The long-awaited study comparing health of vaccinated and unvaccinated children shows one group has superior health

### A landmark study comparing the health of vaccinated to unvaccinated children, shows superior health outcomes in the non-vaccinated group

**A study comparing health of vaccinated children to unvaccinated children has been something that people concerned with the risks of vaccines have been asking the pharmaceutical industry and the CDC to do for many years. That plea has fallen on deaf ears. The fact that they have refused to do so, speaks volumes about what they fear will happen. Well, finally someone else has done such a study.** This 2017 study was released April 24, 2017 the ***Journal of Translational*** **Sciences** titled, **Pilot**

**comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children.** The study consisted of 666 children of which 261 (38%), were unvaccinated. The children were all between 6 and 12 years of age. Of the vaccinated group, some were considered "partially" vaccinated. Of the vaccinated group, 208 were partially and 197 fully vaccinated. Fully vaccinated is according to the full CDC schedule. Partially is anything less.
https://www.researchgate.net/publication/317086531_Pilot_comparative_study_on_the_health_of_vaccinated_and_unvaccinated_6-to_12-year-old_US_children

**This whole study deserves to be bold and red. To save your eyes the strain I'll just leave it as is. 😉 Please read it in its entirety**

## Acute Illness:

"Vaccinated children, combining the partially and fully vaccinated, were significantly less likely than the unvaccinated to have had chickenpox (7.9% vs. 25.3%), and whooping cough (pertussis) (2.5% vs. 8.4%),, and less likely, but not significantly so, to have had rubella (0.3% vs. 1.9%). However, the vaccinated were significantly more likely than the unvaccinated to have been diagnosed with otitis media (19.8% vs. 5.8%) and pneumonia (6.4% vs. 1.2%). No significant differences were seen with regard to hepatitis A or B, high fever in the past 6 months, measles, mumps, meningitis (viral or bacterial), influenza, or rotavirus." (Table 2)

## Chronic Illness:

"Vaccinated children were significantly more likely than the unvaccinated to have been diagnosed with the following: allergic rhinitis (10.4% vs. 0.4%), other allergies (22.2% vs. 6.9%), eczema/atopic dermatitis (9.5% vs. 3.6%), a learning disability (5.7% vs. 1.2%), ADHD (4.7% vs. 1.0%), ASD (4.7% vs. 1.0%), any neurodevelopmental disorder (i.e., learning disability, ADHD or Autism Spectrum Disorder-ASD) (10.5% vs. 3.1%) and any chronic illness (44.0% vs. 25.0%). No significant differences were observed with regard to cancer, chronic fatigue, conduct disorder, Crohn's disease, depression, Types 1 or 2 diabetes, encephalopathy, epilepsy, hearing loss, high blood pressure, inflammatory bowel disease, juvenile rheumatoid arthritis, obesity, seizures, Tourette's syndrome, or services received under the Individuals with Disabilities Education Act." (Table 3)

Bear in mind that this study only looked at children between the ages of 6 and 12. The likelihood of these last criteria of chronic illness showing up before age 13 is small. It would be interesting to re-evaluate those children in 10 years.

## Use of medication and health services:

"The vaccinated (combining the partially and fully vaccinated) were significantly more likely than the unvaccinated to use medication for allergies (20.0% vs. 1.2%), to have used antibiotics in the past 12 months (30.8% vs. 15.4%), and to have used fever medications at least once (90.7% vs. 67.8%). The

vaccinated were also more likely to have seen a doctor for a routine checkup in the past 12 months (57.6% vs. 37.2%), visited a dentist during the past year (89.4% vs. 80.5%), visited a doctor or clinic due to illness in the past year (36.0% vs. 16.0%), been fitted with ventilation ear tubes (3.0% vs. 0.4%), and spent one or more nights in a hospital (19.8% vs. 12.3%) (Table 6)."

"With regard to acute and chronic conditions, vaccinated children were significantly less likely than the unvaccinated to have had chickenpox and pertussis but, contrary to expectation, were significantly more likely to have been diagnosed with otitis media, pneumonia, allergic rhinitis, eczema, and NDD. The vaccinated were also more likely to have used antibiotics, allergy and fever medications; to have been fitted with ventilation ear tubes; visited a doctor for a health issue in the previous year, and been hospitalized. The reason for hospitalization and the age of the child at the time were not determined, but the latter finding appears consistent with a study of 38,801 reports to the VAERS of infants who were hospitalized or had died after receiving vaccinations. The study reported a linear relationship between the number of vaccine doses administered at one time and the rate of hospitalization and death; moreover, the younger the infant at the time of vaccination, the higher was the rate of hospitalization and death [55]. The hospitalization rate increased from 11% for 2 vaccine doses to 23.5% for 8 doses ($r^2 = 0.91$), while the case fatality rate increased significantly from 3.6% for those receiving from 1-4 doses to 5.4 % for those receiving from 5-8 doses."

In addition, Children that were born prematurely and vaccinated were 6.6 times more likely to develop a neurodevelopmental disorder, whereas pre-term birth in non-vaccinated was not.

**Did the partially vaccinated group fall somewhere in between the health of the unvaccinated and vaccinated groups as one might expect? Yes, somewhere midway to near the fully vaccinated group's incidence of the illnesses surveyed.**

"In support of the possibility that the number of vaccinations received could be implicated in risks of associated chronic illness, a comparison of unvaccinated, partially and fully vaccinated children in the present study showed that the partially vaccinated had increased but intermediate odds of chronic disease, between those of unvaccinated and fully vaccinated children, specifically for allergic rhinitis, ADHD, eczema, a learning disability, and Neuro Developmental Disorder as a whole."

**With regard to just the neurodevelopmental aspect of the vaccine controversy (because autism and neurodevelopmental issues dominate the public discourse about the safety of vaccinations), and to put the percentages found in what may be an easier to understand format…**

- Term birth with vaccination was associated with a 2.7-fold (270%), increase in the odds of neurodevelopmental disorders compared to unvaccinated full-term babies
- Preterm birth with vaccination was associated with a 5.4-fold (540%), increase in the odds of neurodevelopmental disorders compared to the odds of neurodevelopmental disorders given term birth and vaccination
- Preterm birth with vaccination was associated with a 12.3-fold (1,230 %), increased odds of neurodevelopmental disorders compared to preterm birth without vaccination

**This is the study that the pharmaceutical industry and the CDC had previously refused to do! Those questioning the safety of vaccines have been pleading for industry and government to**

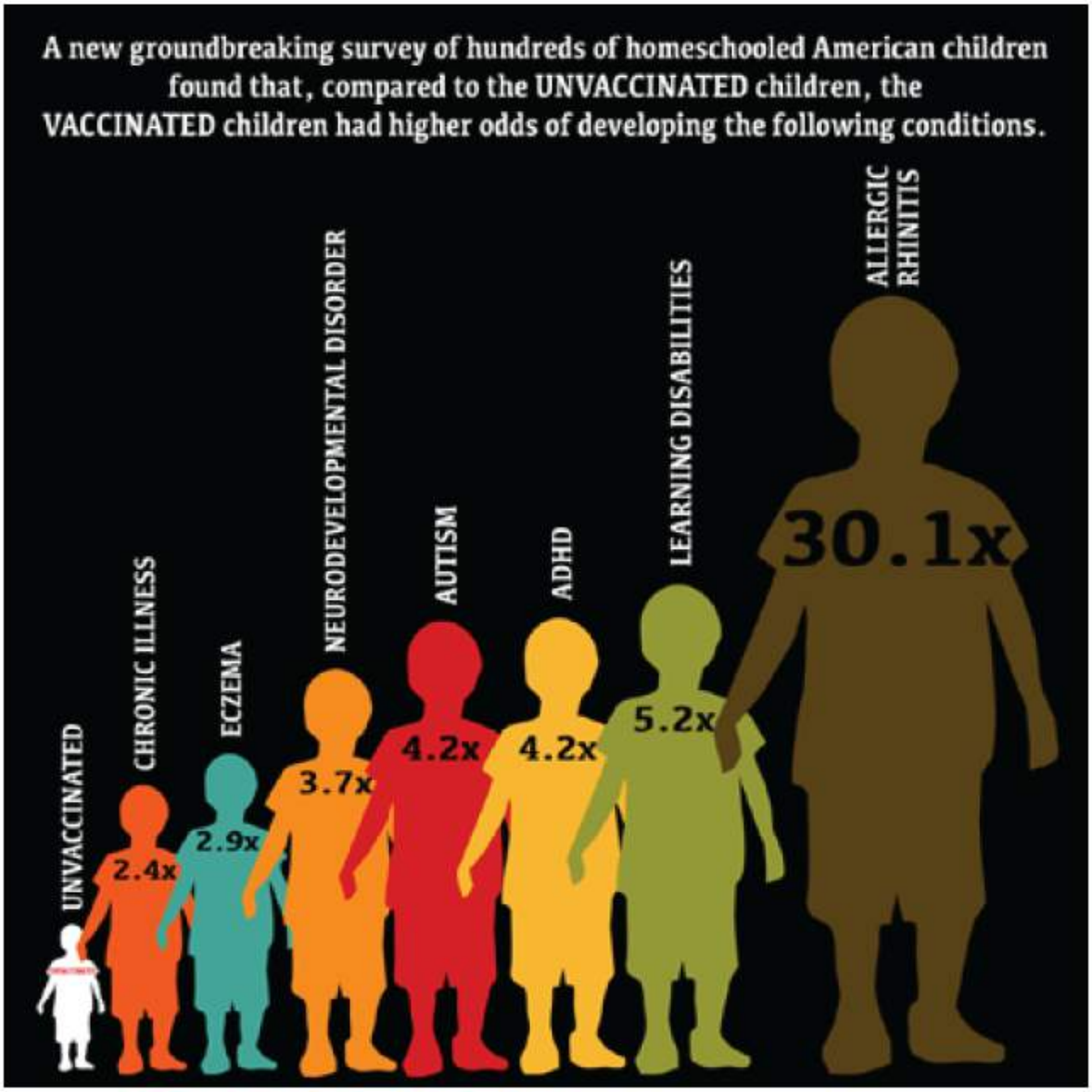
**do a study such as this comparing vaccinated versus nonvaccinated children and looking at subsequent health issues that later develop in those populations. Every thinking person has to wonder as to the motivation for their omission of this critical scientific inquiry.**

## Less doctor visits equal health care cost savings

**One of the factors often citing by those promoting vaccination is the health care savings costs of reducing the doctor visits of the childhood illnesses they are designed to prevent.**

This study shows the opposite effect, in that the costs associated with doctor visits medication costs and hospitalizations from complications due to vaccination may far outweigh the financial savings that is often cited. In this and other studies, vaccination is associated with higher rates of pneumonia and Acute Otitis Media (AOM), also referred to as middle ear infection. Just in the case of AOM for example, "The odds of otitis media were almost four-fold higher among the vaccinated and the odds of myringotomy with tube placement were eight-fold higher than those of unvaccinated children. Acute otitis media is responsible for up to 30 million office visits each year and the most common reason for prescribing antibiotics. "Pediatric AOM is a significant concern in terms of healthcare utilization in the U.S., accounting for $2.88 billion in annual health care costs." If we were to consider the additional costs associated with complications associated with vaccination such as pneumonia, allergies, asthma, eczema, neurodevelopmental disorders and hospitalization as cited in this article, the costs would far exceed any cost savings that may be associated with reduction of the illnesses that vaccines are designed to prevent.

**This is an instance where a graphic can help us appreciate the differences in chronic illness between the vaccinated and the unvaccinated children. The graphic on the next page courtesy of CMSRI.org shows it nicely.**




Source: Graphic courtesy CMSRI.org, in reference to Mawson AR, Ray BD, Bhuiyan AR, Jacob B. Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. *J Transl Sci* 3.

Interestingly, this article became a victim of selective bias in publishing as we have seen with some other studies throughout this document that dare to question the vaccine status quo. It was originally submitted for publication to ***Frontiers***, according to an article in ***Healthcare in America's website*** dated February 22, 2017 by James Grundvig, https://healthcareinamerica.us/censored-study-of-vaccinated-vs-unvaccinated-sees-daylight-4be6f3a03c1c

***"Frontiers Journal*** received the study on September 17, 2016. After a two-month peer review process, published it on November 21 for its "68,000 on board editors" from institutions around the world

(www.frontiersin.org), with the National Institute of Health (NIH) and Harvard University being the top two providing the science editors."

"**Over the course of four days, more than 80,000 views of the study found it important enough to read, going "viral" according to one familiar with its release**. Then on November 28, the bottom fell out when *Frontiers* scrapped the publication. In one week, it went from being accepted, published, and then retracted. The abstract can still be found online."

"**The paper, however, wasn't retracted; it was "unaccepted,"** according to Mawson via email. That means *Frontiers* didn't retract it, since it was never officially published. What's left for a study after its accepted, reviewed 80,000 times in less than 100 hours? . . . Censorship."

**""Mawson's pilot study needs to be expanded and conducted by the highly respected international, independent public health organization the Cochrane Collaboration," said Kevin Barry, president of the non-profit organization, First Freedoms. "The CDC cannot be trusted to conduct a vaccinated vs. unvaccinated study honestly."**

# The importance of maintaining the right to exercise exemptions

## Personal Exemptions-

These have been the first to come under attack. This exemption is based on a person's right to decide what they will consent to. This is paramount to our freedoms as Americans. If we allow the government to force any medical procedure on us or our children, where will it stop? As you have seen in this document, there are forces that have put profits ahead of safety, power ahead of freedom, "cooked up" and biased science, ahead of unbiased/unadulterated science and coercion ahead of due process and personal choice. For the government to do the bidding of an industry like the pharmaceutical industry, goes against everything that our founders established. The argument that vaccines are for the greater good of society is a non-starter, because as ***1200 Studies*** has proven, the science is far from settled. In fact, it's not even close! To take away our personal right to the sanctity of ours and our children's bodies, based on what we have seen in this eBook is not only wrong, it is criminal. Most states have already lost this option.

# Religious Exemptions-

These is the next one to go in our ever-increasing dictatorial progression. As has been clearly demonstrated in ***1200 Studies***, people of faith have a sincere and moral argument against vaccines and particularly the ones that contain DNA from aborted fetuses. Regardless of official positions of any church denomination, the decision about one's conscious is between them and their God. If it is based on the sanctity of life, and that life begins at conception, and that all life is precious because we are image bearers of God; there is no other position one can take. Many religions have valid reasons for refusing vaccine based on the teachings and value systems of their faith. They all have a right to exercise their faith based on our freedom of religion. The founders left England in part, because the state was dictating what they could practice and believe regarding their faith. In our *Declaration of Independence* and *Bill of Rights*, they were adamant that the state would never have the right to do that in the United States of America. "We the people" need to fight to keep that right!

# Medical Exemptions-

This is the last protection to stand after personal and religious exemptions are stripped away. This is where the battle lines are currently being drawn in several states.

In many states, parents have lost personal belief exemptions. In many states, parents have lost religious exemptions. In the current climate of stripping rights of parents, to make health care decisions for their own children, the last right many have is the right to a medical exemption. Even that is under attack. Doctors that write medical exemptions are under attack. Their livelihood is being threatened. Their practices are being destroyed. Well-meaning doctors, acting in the best interest of their patents are suffering for doing the right thing and trying to protect them from harm. The "state" has decided what is right for every child, not the parent who knows them best. Not the doctor that knows their health status best. "Big Brother" the state, is deciding to force parents of children that are at high risk to play Russian Roulette with their child's lives. When will the insanity end?

## Valid reasons for medical exemptions

### Some individuals have a limited capacity to detoxify due to genetic or functional reasons

To underscore this truth, I want to report on the tragic death of a child that died as the result of a genetic defect that prevented her from being able to eliminate the drug Fluoxetine from her system.

The article published in the year 2000 and from ***The Journal of Child and Adolescent Psychopharmacology*** is titled, **Fluoxetine-related death in a child with cytochrome P-450 2D6 genetic deficiency.** https://www.ncbi.nlm.nih.gov/pubmed/10755579

**From the Abstract:**

**The clinical course of a 9-year-old diagnosed with attention-deficit hyperactivity disorder, obsessive-compulsive disorder, and Tourette's disorder and treated with a combination of methylphenidate, clonidine, and fluoxetine is described.** The patient experienced over a 10-month period, **signs and symptoms suggestive of metabolic toxicity marked by bouts of gastrointestinal distress, low-grade fever, incoordination, and disorientation**. **Generalized seizures were observed, and the patient lapsed into status epilepticus followed by cardiac arrest and subsequently expired. At autopsy, blood, brain, and other tissue concentrations of fluoxetine and norfluoxetine were several-fold higher than expected based on literature reports for overdose situations**. The medical examiner's report indicated death caused by fluoxetine toxicity. As the child's adoptive parents controlled medication access, they were investigated by social welfare agencies. **Further genetic testing of autopsy tissue revealed the presence of a gene defect at the cytochrome P450 CYP2D locus, which results in poor metabolism of fluoxetine. As a result of this and other evidence, the investigation of the adoptive parents was terminated. This is the first report of a fluoxetine-related death in a child with a confirmed genetic polymorphism of the CYP2D6 gene that results in impaired drug metabolism. Issues relevant to child and adolescent psychopharmacology arising from this case are discussed.**

This so tragic on many levels. The child had obvious signs that were consistent with metabolic problems, including attention-deficit hyperactivity disorder, obsessive-compulsive disorder, and Tourette's disorder. To start with, children that have that kind of profile should be investigated for functional deficiencies whether nutritional, biochemical, metabolic or genetic. Secondly, after starting on the regimen of medication, she experienced a significant deterioration in her health with the onset of numerous new symptoms, essentially "red flags" that something was wrong. The sad thing is that that these liver polymorphisms (or defects), have been known for over 30 years. This case occurred nearly 20 years ago. Do you think that in day to day practice, we are any closer to recognizing and testing for these kinds of genetic polymorphisms or functionally driven metabolic deficiencies? The discouraging answer is NO.

This is a prime example of a case of preventable death. Of all the severe and life-threatening adverse reactions to drugs including vaccines, the vast majority are preventable. We need to start looking at each individual as their own biologically unique web of complex and unique interactions, rather than treating each person the same as the previous one, or the next one. That has been the status quo for too long. These tests are available. It's time that clinicians use them, especially in cases where a person exhibits warning signs such as this 9-year-old girl did.

This Cytochrome P-450 liver detoxification pathway is not the only example of "faulty" biochemistry that people exhibit. Many people have methylation defects, folate pathway defects, glutathione conjugation or glutathione peroxidase defects, phase 2 liver detoxification pathway defects (i.e. sulfation, glucaronidation, etc), just to name a few. For a more information on detoxification issues and ways to test for them, see this link… https://www.greatplainslaboratory.com/gpl-blog-source/2016/6/6/your-bodys-detoxification-pathways

I recently heard the testimony of a mother that has a child who had reacted to his first vaccines. When she told the doctor, he said "oh that is normal". She was hesitant but took him back for his next well-

baby check-up and was given his next round of vaccines. The boy had a much more serious bout of fever, seizures and listlessness that lasted longer than the first time. The mother called the doctor and was told not to worry, that those kinds of reactions are "normal". She felt incredibly guilty for going against her intuition the second time as her son suffered a series of serious reactions. When it came for the child's next "wellness visit", the doctor once again pressured the mother to get the next scheduled round of vaccines. The mother described being completely torn as to what to do. She said that little voice in her head kept telling her to stand her ground, but she eventually succumbed to the pressure from the doctor and his staff. This time after taking her child home, he spiked a high fever, screamed uncontrollably for days and had repetitive seizures. After that, her child was never the same. He lost the ability to communicate, lost eye contact, became listless, lost motor skills and became a "shell" of what he was. That became his permanent state. Today many years later, that mother lives with the guilt of those decisions and a child that will never marry, never get a higher education, never hold a meaningful job, never be able to care for himself.

Why is that story important? Because there are thousands of similar stories that mothers and fathers of vaccine damaged children have to share. Lives destroyed, families devastated relationally and economically, marriages blown-up and a society that will not acknowledge what happened to them and what they are still going through. **INVISIBLE**. That is how so many of them feel.

Now circling back to exemptions. That is exactly why parents must be able to maintain the options for these exemptions!

Here are some of the reactions the FDA vaccine package inserts list. If a child has experienced one of these reactions (especially the more serious ones), their body is essentially crying out that it can't tolerate the vaccine and its ingredients properly and that there is a problem. A child that has one of the more significant reactions, is more likely to have another and possibly even more serious one.
Who in their right mind would push for ADDING more chemical stress on a system that is exhibiting such warning signs? Pediatricians that ignore these warning signs should be sued for malpractice if that child suffers damage.

The following is from the ***Immunity Education Group*** (with some definitions added by me). These are based on CDC information and FDA vaccine package inserts:

### CDC contraindications for vaccine injection:

- Anaphylaxis *(fife-threatening allergy)*
- Encephalopathy *(coma, reduced consciousness}*
- Anaphylactic allergy to egg/yeast
- Severe immunodeficiency *(ex. cancer, organ transplant)*
- Intussusception *{only for Rotavirus vaccine)*

### Vaccine reactions (according to FDA package inserts), NOT included in CDC contraindications:

- Encephalitis (brain swelling)
- Guillain-Barre syndrome (the immune system attacks the nerves)
- Seizures
- Brachial neuritis (numbness in the upper extremity)
- Fever over 105 degrees
- Stevens-Johnson syndrome (a reaction in the skin and mucous membranes causing a purplish rash that can progress to a life-threatening condition)
- Stroke
- Hypotonic, unresponsive episodes
- Severe nerve dysfunction
- Vasculitis (blood vessel inflammation)
- Spinal cord paralysis
- Coma
- Pulmonary Embolism (blood clot in the lungs)
- Systemic lupus Erythematosus (an autoimmune disease)
- Severe nerve paralysis
- Moderate to severe allergic reactions
- Angioneurotic edema (swelling and fluid under the skin)
- Limb paralysis
- Apnea (not breathing)
- Cyanosis (turning blue)
- Swollen lymph nodes
- Cellulitis (inflammation of the skin)
- Hypotonia (loss of muscle tone; listlessness)
- Spinal cord inflammation
- Pneumonia
- Thrombocytopenia purpura (the immune system attacks platelets, the blood cells that help clotting)
- Worsening of multiple sclerosis symptoms
- Rapid heart rate or palpitations
- Wheezing or asthma attacks
- Edema
- Hair loss
- Vasovagal syncopy (fainting on standing)
- Vertigo (feels like the world is spinning around you)
- Chronic tinnitus (ringing in the ears)
- Facial nerve paralysis
- Inflammatory bowel disease
- inflammation of the pancreas
- Permanent arthritis
- Acute disseminated encephalomyelitis (brain and spinal cord inflammation}
- Optic nerve inflammation

- Kawasaki disease (blood vessels throughout the body become inflamed)
- Multiple nerve inflammation and dysfunction
- Onset of multiple sclerosis
- Henoch-Schonlein purpura (a very severe immune reaction that involves the skin and kidneys)
- Bloody stools
- Panniculitis (inflammation of the subcutaneous)
- Nerve deafness in the ear
- Severe eye inflammation that can permanently affect vision
- Abscess at the injection site
- Testicular pain and swelling
- Subacute sclerosing panencephalitis (chronic progressive brain inflammation, often caused by the measles vaccine
- Ataxia {balance problems with difficulty walking)
- Pneumonitis (a severe inflammatory reaction in the lungs}
- Extensive swelling of the injected limb and nearby joints
- Bacterial skin and tissue infections
- Difficulty swallowing
- Tremors
- Autoimmune arthritis
- Thyroiditis (inflammation of the thyroid)
- Blood clots in the limbs

If a person receiving a vaccine exhibit these side effects, how rational is it to roll the dice again? Or if they react to one or two vaccines in a visit, does it make sense to schedule them for a hexavalent (6 dose vaccine the next time? Or add a couple more for 8 or 9 doses in a visit? This sounds ludicrous, but unfortunately it happens all the time.

# Are children in third-world countries considered less important by big pharma?

## A paralytic epidemic of individuals in India, after receiving the oral polio vaccine undistinguishable from polio and twice as deadly

An article published in the ***Indian Journal of Medical Ethics*** in 2012 titled, **Polio programme: let us declare victory and move on**, describes an epidemic of what is called non-polio acute flaccid paralysis (NPAFP), that correlates directly and proportionally with the use of the oral polio vaccine. There were 47,500 cases occurring in 2011 alone! The sad fact is, that while affluent countries have moved on to "safer" inactivated forms of the polio vaccine, children in many third world countries have been subjected to using the left-over stock of the live oral version. That begs the question, aren't the lives of children in poorer countries just as valuable as our children?

**From the abstract:**

"It was hoped that following polio eradication, immunisation could be stopped. However the synthesis of polio virus in 2002, made eradication impossible. It is argued that getting poor countries to expend their scarce resources on an impossible dream over the last 10 years was unethical. Furthermore, while India has been polio-free for a year, there has been a huge increase in non-polio acute flaccid paralysis (NPAFP). In 2011, there were an extra **47,500 new cases** of NPAFP. Clinically indistinguishable from polio paralysis **but twice as deadly**, the incidence of NPAFP was directly proportional to doses of oral polio received. Though this data was collected within the polio surveillance system, **it was not investigated**. The principle of primum-non-nocere *(First to do no harm)* was violated. The authors suggest that the huge bill of US $8 billion spent on the programme, is a small sum to pay if the world learns to be wary of such vertical programmes in the future."

## Children in Third World Countries often get old stockpiles of unsafe vaccines

**Comments by Joseph Mercola D.O.**

"The problem is that, while the oral vaccine has reined in wild polio, persons recently vaccinated with **the live attenuated oral polio vaccine can shed vaccine strain virus in their body fluids for weeks** and, in some cases, **both the recently vaccinated and close contacts of the recently vaccinated can come down with vaccine strain polio**. Poor sanitation, including open sewage in underdeveloped countries, where drinking water is too often also used for bathing and disposal of human waste, can make it easy for vaccine strain polio virus to be transmitted."

"While most affluent nations now rely on inactivated, injectable poliovirus vaccine (IPV), many third-world countries still use an oral polio vaccine because it's much simpler to administer drops in the mouth rather than injecting a vaccine into a child. However, because the oral polio vaccine is made from live attenuated polio viruses, it carries a risk of *causing* vaccine strain polio in populations, especially among those, who are immune compromised, malnourished or suffering from serious health problems."

## Oxford University scientists fail to properly notify parents whose children received a TB vaccine, as part of a clinical trial that caused the deaths of 5 out of 6 primates the vaccine was tested on

The unethical actions were uncovered by the ***British Medical Journal*** investigation that was published in January of 2018 titled, **Oxford TB vaccine study calls into question selective use of animal data**. The investigation revealed a terrible case of callous and unethical behavior by vaccine research scientists. An earlier trial beginning in 2006, caused the deaths of 5 out of 6 primates that the vaccine was tested on. This information was omitted during the initial application process for human trials and was not disclosed to the parents of the nearly 1,500 children that received the vaccine in 2009.

https://www.bmj.com/content/360/bmj.j5845

**From the Abstract:**
"In July 2009, researchers began a clinical trial in infants in South Africa, testing the newest hope for an improved vaccine against tuberculosis.1 Nearly 2800 infants took part. Their parents consented on the basis of information that included the statement that the trial vaccine, MVA85A, "has been tested in animals and was shown to be safe and effective."

"Similar statements had been used to obtain funding and ethical and regulatory approval for the trial. In one funding application, for example, the researchers said that the MVA85A booster had been shown to be more protective than BCG alone in four animal models."

"Information given to ethics committees, regulators, and trial investigators said that protective efficacy studies had been carried out in four animal models—mice, guinea pigs, cattle, and monkeys. They reported "evidence of protection" against *Mycobacterium tuberculosis* when MVA85A was given as a booster to BCG."

"However, an investigation by *The BMJ* has unearthed concerns about how the researchers, from Oxford University, used the results of animal studies selectively to gain funding and approval for human trials, publicly relying on claims that animal studies had shown the new vaccine to be protective while privately playing down or dismissing unsupportive experiments as "failed" or irrelevant. Disappointment at the apparent failure of animal models to predict the outcome of human trials has, in turn, led major funders of TB research to rethink their funding priorities, with allegations that this has slowed progress in the entire field."

A 2017 article in the ***Telegraph News*** titled, **Oxford University scientists gave babies trial TB vaccine 'that did not work on monkeys'**, gave more details on the controversy.
https://www.telegraph.co.uk/news/2017/09/03/oxford-university-scientists-gave-babies-trial-tb-vaccine-did/

**Portions from the article:**
"Oxford University is embroiled in an ethics row after scientists were accused of questionable conduct over a controversial trial of a new vaccine on African babies."

Professor Peter Beverley, a former senior academic at the university, complained that scientists planned to test a new tuberculosis vaccine on more than a thousand infants without sharing data suggesting that monkeys given the immunisation had appeared to "die rapidly".

Certainly here in this experiment there was no evidence whatsoever that this is an effective booster vaccine," Prof Beverley said."

He claimed the information was not given to regulators when an application to do the trial was initially submitted.

**In the monkey study, five out of six of the animals infected with TB who were given the experimental vaccine had become "very unwell" and had to be put down.**

**An information sheet given to families in South Africa participating in the trial said the vaccine had been tested on animals and humans and was "safe and effective" in animals.**

**Professor Jimmy Volmink, Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University, told The Telegraph the information sheet did not appear to reflect the evidence from the monkey study, which was "not right".**

He said people affected by tuberculosis were often poor and "not very highly educated", making it particularly important that they were given "clear, understandable information."

Almost 1,500 babies in South Africa received the new jab and parents were paid in the region of £10 for taking part.

The South African regulator which approved the trial admitted to this newspaper that the information sheet given to parents "could be construed as misleading", raising questions about whether families were sufficiently informed.

South African Medicines Control Council, which was one of the regulators who approved the trial, said that a "large body of data" – apart from the monkey experiment and which included previous human trials – was considered as part of the approval process.

They also said that the monkey experiment was "not a trial of the vaccine in monkeys" and that "there was no suggestion that the vaccine was unsafe in the monkeys or that it had caused disease or death"

However, when asked about the information sheet that was given to parents, the regulator said, "In retrospect **the information on efficacy achieved in the animal studies could be construed as misleading**", although the "evidence of safety in the previous human studies was fairly reported"."

# Doctors bonused for vaccine compliance

## Doctors are incentivized to maximize immunization compliance in their patients

### Financial incentive often clouds judgment and justifies action.

This link is but just one example of how insurance plans will incentivize doctors for immunization compliance http://www.whale.to/c/2016-BCN-BCBSM-Incentive-Program-Booklet.pdf. You can see on page 16 of their 2016 plan booklet, that Blue Cross Blue Shield pays doctors $400 as an "incentive" (as

they call it), for each "Combo 10" (which is a series of 10 vaccines), that they provide children in their practice. This of course is in addition to any other fees that the doctor collects for that office visit. At $400 per child, that adds up. By vaccinating only 100 children, the doctor pockets an additional $40,000 bonus. Not bad. Isn't that a conflict of interest? It makes you wonder what their true motive is.

## Financial incentives abound, not only for doctors but medical "associations" and trade groups that promote vaccine compliance and talking points

An excellent article on ***Children's Health Defense*** web site dated July 23, 2019 titled, **The Pharmaceutical Industries Front Men,** exposes the money trail that entices those willing to do the bidding of vaccine manufacturers. Those include trade organizations, vaccine front groups, medical journals, and pediatricians. https://childrenshealthdefense.org/news/the-pharmaceutical-industrys-front-men/ *(Reference links are contained in the article online)*

**Some excerpts from the article:**
"Thus, the American Academy of Pediatrics (AAP), one of the most notorious vaccine industry front groups, receives funding from all four manufacturers of childhood vaccines in the U.S. (Merck, Pfizer, Sanofi, GlaxoSmithKline). The AAP also gets substantial funding from the Centers for Disease Control and Prevention (CDC)—more than $20 million since 2009—over a third of which is explicitly vaccine-related. Two other front groups that routinely propagate misleading information about vaccine safety are the Immunization Action Coalition (IAC) and Every Child by Two (ECBT). A 2017 analysis in *The BMJ* showed that—far from being credible and independent sources of information—these outfits, like AAP, receive significant funding from vaccine manufacturers and the CDC, with a third of ECBT's annual funding coming from the CDC. With industry and CDC funding in hand, these front groups can guarantee vaccine makers' ability "to influence policy without having to stand on the front lines."

"Physicians' complacency about vaccines begins in medical school, where doctors are taught that vaccines are "wonderful" but learn nothing about vaccine ingredients, risks, effects on brain and immune system function or any other aspects critical to understanding vaccine safety and effectiveness. Once in practice, pediatric well-child visits ensure a steady stream of repeat customers and revenue. The CDC advises practices to administer vaccines at about half of the visits through the adolescent years, with 11 visits recommended by the AAP over a child's first 30 months (and annually thereafter). Various financial incentive programs also encourage pediatricians and family doctors to follow the CDC vaccine schedule, including insurers who give bonus payments to practice groups who achieve specified vaccination targets."

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schedule, including insurers who give bonus payments to practice groups who achieve specified vaccination targets."

*"The tendency of pay-for-performance to "dangle money" before doctors has side effects. It turns the intrinsic professional and moral obligation of doing the best thing for the patient into a market transaction governed by price."*

# The TWO MOST IMPORTANT QUESTIONS one should always ask are…

**There are two questions I always ask myself, when considering the truth behind statements and the corresponding motivations:**

What does this person or organization stand to gain by my accepting their claims?
What does this person or organization stand to lose if I don't accept their claims?

- When I look at the groups and individuals that stand to gain the most by ensuring 100% compliance with and expansion of vaccination programs (Big Pharma, Legislators supported by Big Pharma, Media supported by advertising by Big Pharma and promoting access to those drugs from doctors who also benefit) and I ask those two questions, it certainly becomes obvious to me. **By far the overarching incentive in each link of the chain is money**. **Since it is well documented, that there are nearly 300 different vaccines currently in the pipeline and that the goal of the pharmaceutical industry is to mandate that every man woman and child be compliant with every single vaccine that they can come up with. Now, I will concede that there will be some well-meaning individuals in each of those groups. But as I just mentioned, it is their responsibility to do their due diligence and not to blindly follow the powers that be**.

- When I look at parents concerned over the welfare of their children making a decision as to what to allow somebody to inject into their bodies, and I ask myself those two questions, it also becomes obvious to me. **The parents are looking out for what they believe to be in the best interest of their child.** There is certainly no monetary incentive on the part of the parents. Most parents blindly trust the doctors, media and pharmaceutical companies who have a lot to gain. But if they don't buy into what they are told, all of those special interest groups also have A LOT to lose! So, there is a lot at stake between the swing from their gain and their loss. For families, there is so much more at stake in the health of their children. When you see vaccine injured children and the horrible and tragic consequences to the lives of those families, it is heart wrenching! It is an extremely difficult dilemma, so it's no wonder that so many are struggling over this issue.

# *What is the "End Game" of the pharmaceutical companies?*

## Currently there are 80 vaccines licensed for use in the United States

The FDA's website lists all of the vaccines that are licensed for use in the U.S. Of those 80, 24 are influenza (flu) vaccines.
https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

## Nearly 300 new vaccines in the pipeline- And you can roll up your sleeves adults, they're coming for you too!

In a 2013 report presented by ***America's Biopharmaceutical Research Companies*** titled, **Nearly 300 Vaccines Are in Development; Research Focuses on Prevention and Treatment**, sheds light on a very dark prospect facing all Americans.
http://phrmadocs.phrma.org/sites/default/files/pdf/Vaccines_2013.pdf

There is a movement within our public health policymakers that would require ALL men, women and children to be fully compliant with their vaccine schedule to be eligible for the right to a driver's license and other government issued privileges. And with nearly 300 new vaccines in the pipeline and more to come, you had better be willing to subjugate your rights, roll up your sleeve and let them inject you with whatever potion they deem is for the "greater good" of humanity, if you want those civic privileges.

## According to the Government's Healthy People 2020 initiative, the goal is to dramatically increase adult vaccination rates

According to ***the Adult Vaccine Access Coalition's website***, "According to the CDC, only 38 percent of adults (age 18 and older) received a flu shot in 2010-11 **while the Healthy People 2020 objective is 70 percent**. Similarly, 62 percent of adults over 65 and only 20 percent of high risk adults between 19 and 64 have received a pneumococcal vaccine **while Healthy People 2020 vaccine rate objectives are 90 and 60 percent, respectively.** Vaccination rates for other preventable conditions, including tetanus, diphtheria, pertussis, and zoster (shingles), among others, **also remain well below target levels**."
https://www.adultvaccinesnow.org/our-mission/

**"AVAC seeks to achieve success that parallels childhood immunization levels when it comes to immunizations among adults."** https://www.adultvaccinesnow.org/about/

The supporting organizations that are listed on their website is a long list of a variety of groups and organizations. From the about page: "AVAC is made up of a diverse group of health care providers, **vaccine makers**, pharmacies, public health organizations, patient and consumer groups. Together, we will strengthen and enhance access to and utilization of adult immunizations." It becomes obvious when looking at that list that many of those groups will benefit financially by increasing adult vaccine compliance.

**Considering the goals of government's Healthy People 2020 program and the financial incentives of many medical groups and pharmaceutical companies and the fact that there are nearly 300 vaccines in the pipeline, adults had better get ready to get in line. As vaccine mandates for children take hold (and adults are complicit in that), you can bet that they are going to take aim at adults of all ages next. How would you like to have to roll up your sleeve and get a 7 or 8 vaccine combo when you want to renew you driver's license, or get a passport, or travel across state lines? Think that is far-fetched? Think again! Once Pandora's Box is open it is going to be extremely difficult to close it again.**

## Argentina passes law requiring adults comply with full vaccine mandates to enjoy privileges like a driver's license, passport and more

An article titled **Argentina's New Vaccine Law is a Blueprint for American Real ID**, and posted January 25th, 2019 on **The Vaccine Reaction** describes how over-reaching vaccine mandates are already happening in countries that have already lost many of the freedoms we enjoy and may be serving as a blueprint for things to come here in the U.S. unless people wake up, get educated and start thinking for themselves. https://thevaccinereaction.org/2019/01/argentinas-new-vaccine-law-is-a-blueprint-for-american-real-id/

**From the article:**
"In mid-December of 2018 Argentina unanimously passed its vaccine law through both chambers of congress **without debate**, **political discussion and seeing just one negative vote against it**. Learning nothing from the ongoing Colombian HPV issues, the new Argentinian law **forces their *entire* 20 vaccine schedule upon its population of both children and adults**. Using nearly identical talking points as seen in Colombia, the Argentinian bill's author Dr. Pablo Yedlin boasted on Twitter, **"They [vaccines] are free, they are your right and your obligation""**

"The law is perhaps the most overarching example seen to date of how invasive a government can become by forcing a medical intervention [vaccines] with questionable safety profiles onto its people. The recently approved law indicates **"certification of compliance with the National Vaccination Calendar must be required" including for passports, driver's licenses and National Identity Documents (DNI)."**

## The evidence suggests vaccines contribute to numerous chronic illnesses, which provides an endless stream of patients for other drug "therapies"

People with autoimmune, neurological, hormonal, emotional and behavioral issues are a huge market for the pharmaceutical industry. Many of these conditions are very chronic and debilitating. They often lead to the need for lifelong treatment and management. This creates consumers for life and is the perfect scenario for the pharmaceutical industry.

## Instead of looking for ways to improve the safety and efficacy of their products, vaccine manufacturers are developing "better" marketing strategies to convince more people to comply

A 2016 article in ***Vaccine*** titled, **Changes in childhood immunization decisions in the United States: Results from 2012 & 2014 National Parental Surveys**, discusses trends in vaccine compliance and ways to monitor trends and increase compliance. This is just one of many like articles that have emerged over the past few years. **It is obvious that as more people become aware of the shortcomings and potential risks of vaccines, the goal of big pharma and the government is to become better marketers, instead of creating a product that is safe, effective and everyone would want to benefit from.**

**From the article: "**These findings suggest that more effort is warranted **to counter persistent vaccine hesitancy**, particularly at the local level. Longitudinal monitoring of immunization attitudes is also warranted to evaluate temporal shifts over time and geographically."

# An attempt to silence the vaccine backlash

There is a coordinated attempt to silence any dialog or discourse that disagrees with the vaccine paradigm and claims of its minions. No matter what the scientific evidence or the volume of dissenting science (as presented herein), the powers that be are determined to win this battle and protect their shareholders bottom line, regardless of the damaged lives that are left in the wake of this juggernaut.

As reported on July 02, 2019 by ***Science Daily*** in an article titled, **Top global public health scientists launch new challenge to anti-vaxxers**, the well scripted hit piece takes aim at any that would question the mantra of the vaccine model. **I will highlight the key words or "code"** that permeates any articles, news reports or other media "reporting". (I've made the words with negative connotations yellow and the ones positive to their cause green). Pay close attention when you hear stories like these reported and you will notice a mesmerizing hum of hypnotizing Zen like mantra, designed to brain-wash the masses. And I'd have to admit, they are doing a pretty darn good job of it!
https://www.sciencedaily.com/releases/2019/07/190702112659.htm

**From the Article:**
"Search engines and social media organizations must do more to prevent the spread of inaccurate information on childhood vaccination, and governments must better support mandatory immunization programs, says an international group of leading public health scientists in a statement published in the *Journal of Health Communication*." (Notice they use the term "inaccurate information").

***This is so typical of the linguistic battle that is being waged against those that would dare question the status quo, no matter what evidence they present. This is nothing but a P.R. campaign designed silence any public debate and to discredit all opposition to the well-oiled machine Big Pharma has put in place.***

"The Salzburg Statement on Vaccination Acceptance lays down several recommendations to combat the global fall in vaccination rates fuelled by a powerful worldwide 'anti-vax' movement. The statement, which pledges to "support the development of new, effective and fact-based communications programs" to help parents, community and government leaders make appropriate decisions on childhood immunization, has already been endorsed by more than 60 public health leaders from the Americas, Europe, Asia, Africa and Australia."

"It calls upon major search engines and social media organisations to better monitor the vaccine information they provide so that they can improve the identification of disproven or inaccurate false claims about vaccine safety -- just as they do for sexually explicit, violent and threatening messages." **REALLY!!!**

"At the same time, advocacy groups, educators and health professionals should join forces to correct misleading vaccine information and disseminate reliable, accurate information via mass and social media and through trusted sources at all levels of society, including celebrities, faith-based leaders and parents."

"Governments and policymakers should support laws that limit exemptions from mandatory vaccinations and treat childhood vaccination like other essential services such as police, firefighters and public sanitation, the statement also says."

The article goes on, but I think you get the point.

**The Salzburg Statement on Vaccination Acceptance**. *Journal of Health Communication*, 2019; 1 DOI: 10.1080/10810730.2019.1622611

## The anti-vaccine discourse has reached dangerous new levels

**The discourse against persons that question the safety of vaccination has gone to a whole new level of hysteria, uncivil and unconstitutional level**

The ***Boston Herald*** Takes Cyberbullying to a Whole New Level

In what has been called a "**scalding anti-anti-vax op-ed**," the ***Boston Herald's*** May 8 report on the Minnesota measles outbreak concluded with the following statement:

***"These are the facts: Vaccines don't cause autism. Measles can kill. And lying to vulnerable people about the health and safety of their children ought to be a hanging offense."***

This obnoxious paragraph led to hundreds of angry comments, at least one of which pointed out the hanging threat was an open violation of Massachusetts' 2014 law against cyberbullying. Others rightfully suggested that if lying to the public about health was a hanging offense, then many high-ranking health officials, researchers and drug manufacturers would earn a place at the front of the line.

As extreme as the Boston Herald's comment is, it's not the first-time mandatory vaccination proponents have made callous calls for violent action against those questioning vaccine safety. As noted by The ***Vaccine Reaction***, published by the ***National Vaccine Information Center (NVIC)***:

*"In March … Scientific American published an article by Peter Hotez, M.D,. of Texas Children's Hospital, also inciting violence against people who do not agree with current government vaccine policies. Dr. Hotez stated:* ***'An American antivaccine movement is building and we need to take steps now to snuff it out.'***

*In 2015, USA Today published a column by Alex Berezow advocating* ***that 'anti-vax' parents should be imprisoned.*** *At the time, that seemed to be a draconian proposal, but certainly less so compared to today's calls for execution."*

**References:**


- Journal of the American Board of Family Medicine July-August 2014; 27(4): 458-464
- Boston Herald May 8, 2017
- Massachusetts Law about Bullying and Cyberbullying
- Massachusetts Section 11H
- The Vaccine Reaction May 11, 2017


## Jailed for refusing to vaccine a child?

**Sounds very un-American. Well in October 2017, a mother in Michigan was jailed for five days, for refusing to vaccinate her son. This is not acceptable. When the state has the ability to dictate what a parent must inject in their child's body is the day that we have lost our most precious freedom, the right to the sanctity of our child's or our own body.**

**From the article:**
"In her fight against vaccinations, Bredow was jailed and lost primary custody of her son, then discovered that he was immunized against her wishes."
https://www.washingtonpost.com/news/to-your-health/wp/2017/10/12/a-mother-was-jailed-for-refusing-to-vaccinate-her-son-now-shes-outraged-hes-been-immunized/?noredirect=on&utm_term=.e2a01cbeb4c2

## Vaccine mandates and removal of personal, religious and even many appropriate medical exemptions, including persecution of doctors that provide them is on the rise

All around the country, battle lines are being drawn between those that believe that the state should have the right to dictate what we must allow to be injected into our bodies and those of our children, and those that believe that our bodies are our personal domain and it is up to the individual to decide what they allow to be injected into their own and their children's bodies.

**Medical Freedom is the rally cry of those that feel that freedom to choose must be maintained by the individual.**

- When the vaccine manufacturers have immunity from being held accountable for making products that are inferior to their claims and have the real potential to harm, maim and kill those subjected to them, there MUST be a right to opt out!
- When long term, legitimate, real placebo (saline solution) safety studies have never been done, there MUST be a right to opt out!!
- When conflicts of interest, bias and financial gain are the norm in the research supporting vaccine industry claims and the have infiltrated the government agencies that are supposed to be regulating and watching out for the public welfare, there MUST be the right to opt out!!!
- As long as vaccines contain toxins that according to many hundreds of studies performed by thousands of medical and scientific researchers can cause injury, chronic life-long debilitating conditions and death in the unidentified, unsuspecting and unlucky ones that react to them, there MUST be a right to opt out!!!!
- All Americans need to push back against the tyranny that would force them to participate in the largest human experiment ever constructed against their will, an overt violation of the Nuremberg Code. The Nazis got away with such forced human experimentation, we have to stand and resist a repeat of that kind of coercion and forced mandates here in the United States of America. For those that want to participate, that should be their prerogative. For those that don't, they must be given the choice to opt out!!!!!

With nearly 300 vaccines in the pipeline and dozens more added annually, there will be no end to the multiplication of the required mandates if Big Pharma has their way. Profits and further shareholder

investment and returns is the only name of the game. The financial gain is massive on the front end and astronomical on the back end, with the epidemics of chronic diseases ready made for additional pharmacological intervention. An ever-growing market in human lives for polypharmacy is and will continue to be the norm for aging adults, as they circle the drain, spiraling downward towards a sickly demise.

## Europe is currently experiencing a backlash against mandatory vaccination-

In an article by Jefferey Jaxen titled, **FLASHPOINT: France Attempts Forced Vaccination on Unwilling Population** and posted July 14, 2017 on www.greenmedinfo.com , reveals the same old conflict of interest issues, with officials being on the payroll of vaccine manufacturers forcing unwilling people to roll up their sleeves in order to provide a nice return for their benefactors.

**Here are excerpts from the article:+**

***"Headlines were recently made announcing that the French government plans to make 11 vaccines compulsory for children, adding to the three-shot combination already mandatory (****diphtheria, tetanus, and polio****). Under the new jurisdiction, parents would be forced to follow the vaccination schedule.***

With the recent announcement, newly appointed Minister of Health Agnès Buzyn is making no secret that she will aggressively push a vaccine agenda upon the French people.

In February 2017 the Conseil d'Etat, France's highest administrative court, ruled in favor of the parental right to decide when it comes to vaccinations. Since France only offers the mandatory DTP vaccine in one shot, the French court gave the Ministry of Health six months to find a solution to parents who would like the shots separate while also striking down arguments on the alleged risks of non-compulsory vaccinations associated with the three mandatory vaccinations.

Instead of working towards a solution, Buzyn's Ministry of Health decided to double down and announce a new 11-shot forced vaccine schedule for French children starting in 2018. The move, like those happening simultaneously in Italy, Poland and other European countries, appears to be leveraging media fear and hype over the increase in measles cases.

Documents obtained highlighting conflicts of interest show Buzyn was directly compensated for various activities by the pharmaceutical laboratory Genzyme, now a subsidiary of Sanofi, from 1998 to 2011. In addition, between 2005 and 2011 she was also paid by the laboratories Bristol Meyers-Squibb and Novartis. The two laboratories together with Pierre Fabre and Schering-Plow (a subsidiary of Merck) also financed the Robert Debré association headed by Agnès Buzyn.

Judging by past indicators, Buzyn will face an increasing headwind from the French population during this vaccine push. In 2015 the largest survey on confidence in immunization to date was conducted interviewing more than 65,000 people. As the researchers reported, 41% of respondents in France disagreed with the assertion that vaccines are safe. The number of 41% was reached before the CDC whistleblower revelations became widespread, before the success of the ***film Vaxxed: From Cover-Up to***

***Catastrophe***, and before tens of thousands of Italians began marching in the streets. The skepticism isn't just coming from the general population; a quarter of French health practitioners aren't confident about the efficacy and risk of vaccines, either.

Some of the hesitancy over the past decade in France can be attributed to the French government's mishandling of the 2009 H1N1 (swine flu) scam. At the time the H1N1 scare, based on false reporting and statistical manipulation, was billed as a pandemic. Through investigations by ***Sharyl Attkisson, Jon Rappoport*** and others the false narrative was dismantled. That was not before the French government bought double the doses of vaccines, 94 million shots costing nearly a billion euros, for its population**. In addition, the French government depleted the trust of its people by attempting to make the poorly tested thimerosal-containing vaccine mandatory for all its citizens over 3 months of age for a pandemic that didn't exist. In 2014 swine flu manufacturer GlaxoSmithKline eventually paid out £60 million to those who were injured by the shot.**

Prior to France's announcement, Italy had proclaimed a similar authoritarian-like vaccine scheme one month before. Italy's vaccine decree followed the same rules as California's Senate Bill 277 with the extra additions of hefty fines and mandatory reporting to the Juvenile Court for the potential suspension of parental authority on uncomplying parents. **Italy's population has since taken to the streets over the past weeks in a sustained, multi-city protest of their government's forced vaccination decree**."
(The article goes on to say that there were as many as 70,000 people that had taken to the streets in protesting its attempt toward mandating vaccination).

## A 113-year-old Supreme Court Case decided due to extreme conditions, inappropriately used by some today to push the vaccine agenda

**A 1905 Supreme Court decision** is often cited as the reason the government has the power to subjugate an individual's right to what goes into their own body. The case ***Jacobson v. Massachusetts*** decided that **a Massachusetts pastor, Henning Jacobson could be forced to be vaccinated a second time against smallpox or face a fine, incarceration or both**. **The pastor from Sweden and his son had experienced severe adverse vaccine reactions previously to a smallpox vaccination**. The case pitted the state's right to mandate vaccination in cases of emergency versus an individual's right to decide his or her own fate under the 14th Amendment right to liberty and equal protection under the law.

**In the trial, the judges unbelievably said the following regarding the common belief that the vaccine is safe:** ""A common belief, like common knowledge, **does not require evidence to establish its existence**, but may be acted upon without proof by the legislature and the courts. The fact that the belief is not universal is not controlling, for there is scarcely any belief that is accepted by everyone. The possibility that the belief may be wrong, and that science may yet show it to be wrong, is not conclusive...for what the people believe is for the common welfare must be accepted as tending to promote the common welfare, **whether it does in fact or not**." ----- ***Huh????*** *(Emphasis mine).*

***In other words, belief in something even without evidence to support it is justified. Whether it really does promote the common good or not doesn't matter. Well, that perfectly describes the vaccine industry and the unquestioned common belief of doctors, politicians and the media.***

**More from the article: ""In 2005, professors of law and bioethics at Boston University wrote about how *Jacobson v Massachusetts* is no longer relevant**. They said that, "***Jacobson* was decided in 1905, when infectious diseases were the leading cause of death**," and when *"Few weapons existed to combat epidemics.... Preserving the public's health in the 21st century requires preserving respect for personal liberty...Public health programs that are based on force are a relic of the 19th century; 21st-century public health depends on good science, good communication, and trust in public health officials to tell the truth.""*

"**How we can we trust public health officials who think that some children are expendable for the rest? *Jacobson v. Massachusetts* is a Supreme Court decision that allows government to commit human rights abuses."**

***Remember, the Nuremberg Trial gave birth to the Nuremberg Code in 1947, which gave birth to Informed Consent***. "The next year, basic human rights that include autonomy and freedom of thought, conscience and religious belief were affirmed in the ***Universal Declaration of Human Rights***. Ever since, informed consent to medical risk taking has been the central ethical principle guiding the ethical practice of modern medicine. **Except that public health officials and doctors giving vaccines in America today don't want to respect that ethical principle**."

***Don't let big pharma deny you and your children these rights in the name of huge profits!***

"**Educate your legislators about the importance of protecting human rights in vaccine laws. Browse NVIC.org for more information and create a free account at** NVICAdvocacy.org **today to learn more about what you can do and how to get involved."**

**To read the complete article, visit the National Vaccine Information Center's (NVIC) website here:** https://www.nvic.org/nvic-vaccine-news/november-2016/forced-vaccination-the-tragic-legacy.aspx

## Suppression of Science for the Promotion of Profit

**For a great summary regarding the suppression of science for the promotion of profit, read this short five-page excerpt from Mary Holland's book titled, Vaccine Epidemic.**

http://vaxxedthemovie.com/wp-content/uploads/2017/04/The-Suppression-of-Science-by-Dr.-Andrew-Wakefield.pdf

# This is just scratching the surface

**These articles are just the tip of the iceberg. If you had several days to read them all, I could provide dozens more. To suggest that vaccines are completely safe is simply a lie. In fact, if you are like me and like to leave no stone unturned, you may want to investigate some of the resources I have included at the end of this document.**

## Suppression of the facts for corporate profit

**There are many corporate executives from the media, from the pharmaceutical industry, from the political world that have turned a blind eye to evidence that has been presented to them. They are putting their own professional interest and pocketbooks ahead of the truth at a real and extreme cost to children and families, our military personnel, our intellectual capacity to churn out scientists, inventors and business innovators. The fear of losing advertising dollars or donations from big pharma has caused the suppression of truth and their own conscious.**

# Speaking of profits, how much do the top 4 vaccine manufacturers make per year?

**Global vaccine revenues (IN BILLIONS) of just the top 4 players**

| | 2016 | 2023 Projection |
|---|---|---|
| Merck & Co | 6.750 | 7.545 |
| Glaxo Smith Kline | 6.219 | 8.657 |
| Pfizer | 6.071 | 7.133 |
| Sanofi | 5.568 | 6.825 |
| Total | 24.608 | 30.16 |

**Source:** https://www.statista.com/statistics/314562/leading-global-pharmaceutical-companies-by-vaccine-revenue/

## What percentage of the revenue comes from vaccines?

This article published on the web site revenuesandprofits.com titled, **How Merck Makes Money? Understanding Merck Business Model**, gives a 2015 overview of their business model and the percentage dedicated to different fractions of the health care market.
https://revenuesandprofits.com/merck-makes-money-understanding-merck-business-model/

By scrolling down the page, you will see a colored pie chart showing the percentages and revenues derived from each segment. The vaccine component accounted for over $5.3 billion dollars and 13% of their overall business segments revenue. This website has similar data for other manufacturers as well.

### Total Revenues for the top pharmaceutical Companies, based on 2017 numbers

Pfizer- $52.5 billion

Merck- $40.1 billion

Eli Lilly $22.9 billion

Bristol Myers Squibb- $20.8 billion

https://www.dcatvci.org/5451-pharma-and-the-fortune-5500-where-do-companies-rank

# So, what would happen if large numbers of people decided not to get vaccines?

**Let's face it, that is the question that is fundamental to this whole debate. All of the fear mongering and hysteria is designed to do just that, create a fear that all of these horrible infectious diseases will come back and kill thousands of our children. And, anyone that won't get in line with this way of thinking threatens my child! With the narrative that they have built up, it is easy to see why it is so easy to make people who are skeptical of vaccines the villains.**

**So, what would happen if a larger number of people opted out of the vaccine program? To answer that question, you have to take a rational, logical, fact-based approach and leave all of the whipped-up emotion out of it. Again, it boils down to this. We all need to be healthy skeptics about anything we hear. We need to think for ourselves and not just believe what we are told to believe. Take the time to fact check. Your health and the health of your children, grandchildren and beyond depend on it!**

**The following is from *Immunity Education Group* and does an excellent job of addressing this question…**

Currently in the United States, most vaccine-preventable diseases are at an all-time low. But is that *only* because most people vaccinate? If too many stopped vaccinating, let's say 25% or even 50%, would diseases return? And if diseases increased significantly, what would the fatality and complication rate in our country be?

## Diseases that would NOT increase

**Let's first look at the ones which would *not* increase if there was a widespread decrease in vaccination:**

**Four of the 16 vaccine-preventable diseases are <u>not communicable</u> <u>through casual person-to-person contact</u>**; therefore, lower vaccination rates cannot put vaccinated or immunocompromised people at any increased risk:

1. **Tetanus** is not contagious at all
2. **Hepatitis B** only spreads through sexual contact, the sharing of IV drug needles, or mixing of infected blood, <u>not</u> casual contact
3. **HPV** also spreads only through sexual contact, and therefore is not communicable in a casual manner
4. **Meningococcus (**meningitis) is carried asymptomatically in the nasal passages of about 1 in 10 people; it is often a person's own germ which flares up into symptomatic infection. And once sick, it doesn't spread through casual contact

**Five of the 16 vaccines only protect the individual receiving the vaccine; <u>they do not keep the disease from spreading to other people:</u>**

1. **Polio**: the injected polio vaccine only prevents internal neurological symptoms in the person who is vaccinated, it does *not* prevent the transmission of the disease in the population
2. **Pertussis**: the acellular pertussis vaccine may help prevent individual cases during young childhood, but wears off quickly and does not prevent transmission of the disease within the population; for example, in 2014, 90% of California children who caught pertussis were already vaccinated
3. **Flu**: the influenza vaccine does not prevent wide-spread yearly circulation of the flu; the vaccine can only provide limited individual protection
4. **Diphtheria**: the diphtheria vaccine prevents the disease toxin from causing individual disease, it does not prevent germ transmission from person to person
5. **Tetanus**: this vaccine only protects the individual who receives it

**Three of the 16 diseases <u>have so many strains that vaccination does little to reduce the prevalence of the disease</u>; in fact, it increases other strains not covered by the vaccine:**

1. **Pneumococcus**: there are more than 80 strains of pneumococcal bacteria, and the vaccine only contains 13 strains

2. **Flu**: several different strains of influenza circulate every year, and the vaccine only covers a few of them. Since the vaccine is based on an estimation months in advance, it often fails to match the strains that do circulate
3. **HPV**: there are about 100 strains of HPV, and the vaccine only protects against 2, 4, or 9, depending on the brand

While vaccines for the above diseases may reduce the chance of an individual catching a disease if exposed, a decline in vaccination rates would not result in an increase spread of these nine diseases to vaccinated or immunocompromised people.

## Diseases that might increase, but are generally mild in virtually all cases

Vaccines have helped lower the prevalence of certain common childhood diseases and can prevent symptoms in some individuals who receive them. The incidence of these particular diseases *might* increase if vaccination rates declined significantly, but just how deadly would these diseases be in the United States? Looking back at the fatality and complication rates before vaccines were introduced gives us a picture of what we could expect:

***Measles***
In the several years preceding the introduction of measles vaccine in 1963, almost every child caught measles and developed lifetime immunity. The death rate from measles in the U.S. in the 1950's and early 1960's was 1 in 500,000 people in the population. Out of those who caught the illness, the fatality rate was 1 death in every 10,000 cases. (Today, the media often report a falsely elevated fatality rate of 1 in 500 cases. Such fatality rates are calculated by the CDC using only *reported* cases of measles that are severe enough to seek medical care during limited outbreaks, not the total actual cases in a population.)

***Mumps***
Prior to the vaccine in 1967, about 1 in 1000 people caught mumps and acquired lifetime immunity, and fatalities were rare: about 1 in every 5000 *reported* cases. Like measles, most cases were so mild they went unreported. Complications like infertility in adult males and hearing loss were also uncommon (1 in 7700 and 1 in 20,000 of those who caught the disease). In the population as a whole, 1 in almost 4 million people died from mumps.

***Rubella***
Widespread use of the rubella vaccine began in 1969. At that time, the fatality rate from this relatively harmless illness was 1 person per 9 million in the population. The reason for the vaccine is that in pregnant women who caught the disease, the infection caused birth defects in about 1 in 20,000 births.

***Chicken pox***
Like measles, almost every child would catch chicken pox, and the fatality rate was about 1 in every 60,000 cases. In the population as a whole, 1 in 2.3 million Americans died of complications from chicken pox every year. Introduction of the vaccine in 1995 has helped reduce the illness, but it remains harmless for virtually every child who does catch it.

***Hib disease***
Before the vaccine for Hib was introduced in 1985, about one in 2 million people in the U.S. population died annually from this illness. Including permanent harm from the meningitis disease, like brain damage or deafness, this risk was about 1 in 600,000 in the population.

***Rotavirus***
This mild illness had an extremely low death rate prior to the vaccine being introduced in 2006 (about 1 in 10 million in the U.S. population).

***Polio***
Even though the injected polio vaccine does not prevent transmission between people (see above), and the illness therefore would not increase if more people opted out of the vaccine, it is useful to know the statistics of this disease to understand what could happen if it did return. Before widespread use of the vaccine in 1955, the fatality or permanent paralysis rate from the disease in the U.S. population was 1 in 100,000 people. 95% of people who caught it had no symptoms and 4% had minor fever and upset stomach. Only about 1% suffered neurological complications, and about half of these fully recovered with physical therapy.

## There Is NO Risk That Warrants Mandatory Vaccination

So, what would *actually* happen if a significant number of people opted out of certain vaccines? First, more than half of our 16 vaccines don't even prevent the spread of diseases through every-day casual contact. Second, based on the above data from today and from the pre-vaccine era in the United States, the risk of fatalities and complications IF certain contagious diseases came back is low. To put this into historical perspective, the risk of dying from or being permanently harmed by any of these diseases in the years before vaccines was lower than the risk of being struck by lightning in your lifetime (1 in 12,000). In fact, the flu, an illness which we all deal with every year despite vaccination, actually causes more fatalities than any other vaccine-preventable disease, both now and in the years right before each vaccine was introduced.

Perhaps more importantly, the number of unvaccinated children would have to be significantly high to trigger a resurgence of contagious diseases in our population. **Currently, according to the CDC, less than 1% of U.S. children are completely unvaccinated**. For this reason, the risk of large disease outbreaks is NOT a realistic threat to Americans. And in the event of an outbreak, instead of mandatory vaccination for everyone, quarantine and targeted vaccination (if necessary) is a more effective, appropriate, and adequate response that safeguards public health.

**Sources:**

*CDC: Reported Cases and Deaths from Vaccine Preventable Diseases, United States, 1950-2011.*

*Vital Statistics Rates in the United States 1940-1960* – Online database

*California Department of Public Health Statistics, 2014*

*CDC National Immunization Survey, 2014*

http://immunityeducationgroup.org/happen-many-people-stopped-vaccinating/

They also have some good infographics to check out here…
http://immunityeducationgroup.org/infographics/

# CONCLUSION

## Is the science really settled as we are all told?

**As you can clearly see, the science IS NOT settled. In fact, the overwhelming amount of evidence must lead any objective person to conclude that things just don't add up. How can the narrative that is pitched to the public be so devoid of any of the facts I have just presented, unless there is a diabolical plot to hide it from them? In light of that, it's so tragic that uninformed, misinformed and deceptively informed people mock and denigrate what they don't understand, they don't believe or refuse to question. In the process, they harm people (and their children), that will be intimidated into accepting the status quo, without investigating the science for themselves in order to determine the truth. The worst part is, often they are simply too lazy to invest some time to seek the truth. Is it that, if they come to a conclusion that doesn't match their previous position, they would have to admit that they were wrong? I think that is a big part of why doctors also refuse to do their homework on this issue. It's a pride thing in part, but it's also having to look themselves in the mirror, as well as all of the patients that they misled over the years and admit that they were wrong. Pride, ego and arrogance.is at the core of so many things like this! By trusting the government, the pharmaceutical industry and ignorant doctors who tell them what to think, parents are subjugating their and their children's health to people that have a vested interest in keeping the lies going. Follow the money trail! It is dangerous for people to stop thinking for themselves and blindly follow the masses no matter what the topic.**

**So why do government officials, medical doctors and the pharmaceutical industry turn a blind eye? That is the trillion-dollar question. And I'm not being facetious! There is an astronomical amount of money at stake and shareholders expecting returns on their investments. For some it's all about the money. For some it is pride and the rejection of anything that would make them reconsider their long-held beliefs. But, I also believe that many are convinced in their heart of hearts, that they are saying and doing what is best for children. Some even believe that they are saving humanity. Regardless, if each one of those categories of individuals would take the time to read what is contained in this**

**document, their conscious would force them to re-evaluate and re-consider their position. For those who money is the main driving force for their beliefs and their position, some of those will still deny anything that disagrees with their career position or monetary rewards.**

**I want to encourage all of you to maintain a healthy level of skepticism about everything you read, see and hear, especially when the people telling you have an agenda. Question. Investigate. Look at both sides as they present their "facts" and decide for yourself. Every person accused of a crime would be convicted if the defense never had a chance to present their case. God gave us a brain and the intelligence to seek and find the truth. If only people would take the time and the effort to follow the evidence, they could get there too. And the Truth Will Prevail!**

## Who will step up?

**The children of the world deserve a champion that will fight for their right to live a full and unencumbered life, full of health, intellectual well-being and the ability to contribute for themselves and society as a whole. The topic of questioning vaccination has been radioactive. No one wants to touch it. To do so, would mean corporate and private condemnation at the least and public condemnation, loss of career and income or revenue at the worst. Well now is the time! The evidence is incontrovertible. We are nearing the tipping point where the whole house of cards is about to come tumbling down. Be on the right side of this issue and history! The extent of the tragedy for millions of families dealing with everything from ADHD, learning disabilities, behavioral challenges, neurological deficits, autism spectrum disorders, multiple seizure disorders, allergies, eczema, asthma, autoimmune conditions, type 1 diabetes, rheumatoid arthritis, obesity, cancer, reproductive and thyroid issues and even death is unimaginable. As if that isn't bad enough, what about the economic and societal cost? As mentioned previously, if the current trajectory of the rates of autism continues, by the year 2032 one in two boys will have autism. And the rates for girls will not be far behind. The economic and societal impact of such a devastating future is unimaginable!**

- **Who are the regular everyday citizens that will step up?**
- **Who will be the medical doctors, nurses and health care providers that will step up?**
- **Who will be the researchers and scientists that will step up?**
- **Who are the investigative journalists that will step up?**
- **Who are the network and cable media executives and CEOs that will step up?**
- **Who are the politicians that will step up?**

**Thank you in advance for all of you that will step up and help to share this vitally important message. Now that you know the truth and are acting on your conscious, your actions will make the world a better place for millions today and future generation to come!**

## Now rate your level of confidence in the information the proponents of vaccination have been telling you

**Now that you have read this, and have thoughtfully considered the evidence that I have provided, what is your level of confidence in what you are told regarding vaccines by the pharmaceutical industry, the government, the media and most medical doctors? Give me a percentage between zero and 100%. _____.**

**Is there any difference between now and before you read the article?** Obviously, I'm hoping that the research and the facts have made an impact on you. And if nothing else, I hope it is been thought-provoking and will encourage you to continue to challenge the status quo, seek additional knowledge and look for the truth behind the claims.

My encouragement to you, is that unless you are still 100% bought in to all the claims that vaccines are completely safe, effective and deliver on their promises, you will take a stand for a full and transparent investigation into vaccine concerns.

- It is time for a change in the status quo.
- It is time to look at all the science.
- It is time to do the real science, free from biased researchers, industry funding and reverse engineered or flawed study design.
- It is time to develop a different strategy for keeping our children safe from disease and from overzealous special interests that profit from pumping toxins, chemicals and foreign DNA into the bodies of ourselves and our children.

## The Bottom-Line Problems and Solutions- Including for those that still choose to vaccinate their children

### Problem One-

- Certain individuals have a **genetic predisposition** that makes them vulnerable to toxins like MSG, formaldehyde, polysorbate 80 and other components of vaccines including metals like mercury and aluminum.

### The solution-

- **Develop genetic testing** that would test babies in an effort to identify those individuals, so that they can avoid exposure to those components.
- Pharmaceutical companies need to clean up their act and develop vaccines without all the crap.
- See Problem Two and the Solutions

### Problem Two-

- **Parents have a history of autoimmune or mitochondrial disease, maternal immune activation, exposure to environmental toxins or pollutants like pesticides, herbicides,**

**synthetic chemicals or obesity** are all possible increased risk factors for having a child with neurodevelopmental problems.

### The Solution-

- Avoid prenatal vaccines that could potentially influence one of these risk factor in a negative way, increasing the chance of harming the baby. After birth, consider a well-planned approach to either declining all vaccinations or working with a pediatrician that understands appropriate ways to only administer certain "absolutely necessary" vaccines and to modify the schedule in such a way to spread out the dosing. This approach can help to mitigate risk to a child that may either be genetically susceptible to injury or have a level of tissue burden already from the mother's prior to inception, or prenatal exposure to toxins or chemicals that have been passed through the placenta.

## Problem Three-

- **Drug triggers**- Antibiotics and acetaminophen (i.e. Tylenol) seem to increase susceptibility to reactions and reduce glutathione production which allows the person to eliminate toxins and metals from their body.
- **If a child is sick, running a fever or on antibiotics, do NOT vaccinate**

### The solution-

- Never mix vaccines with antibiotics or acetaminophen
- If you are going to vaccinate, do it when the immune system is functioning fully and not under duress.

## Problem Four-

- There are **too many vaccine doses compressed into too short a time span and are given too early in life** before the blood brain barrier has a chance to close.

### The solution-

- Eliminate vaccines such as the Hepatitis B given to newborns born to mothers that have tested negative for Hepatitis B. Other than maternal transmission, Hep B can only be transmitted by sexual contact or dirty needles, which at earliest will not occur until mid-teenage years. Even staunch proponents of Hep B vaccines would have to admit that even at the least, if mothers are tested and test negative their babies should not need to receive the shots.
- Spread the shots out. Prioritize which are more important early and which can wait until later.
- Children should get no more than one vaccine per visit and multiple vaccine injections such as MMR or DTP/TDaP should be separated into single component vaccines.

## Problem Five-

- **Doctors often don't provide COMPLETE AND DETAILED informed consent** (if at all), before injecting children with vaccines

### The solution-

- Mandate by law that doctors must provide full informed consent as to the risk of each vaccine they provide, not just the dumbed down Vaccine Information Statements they are supposed to, but rarely provide and discuss adequately.

## Problem Six-

- Many young children are either **not breast fed, or breast fed long enough** and are on **diets that are nutritionally deficient** resulting in increased susceptibility to illness and infection.

### The Solution-

- Breast feed up to one year, or more if possible. Mother's milk contains natural immunoglobulins that can give the baby powerful protection against illness.
- Provide babies and young children with organic, whole food. Avoid sugar, including fruit juices.
- Supplement them with probiotics, vitamins A, B's, C & D. They all provide immune strengthening benefits. In fact, the World Health Organization recommends vitamin A to prevent and treat measles. From the previously mentioned article, **Measles vaccines: WHO position paper** – April 2017 stated, **"…those who are malnourished especially with vitamin A deficiency…**". It also stated, "Vitamin A should be administered to all acute cases irrespective of the timing of previous doses of vitamin A. Vitamin A oral dosage should be given immediately on diagnosis and repeated the next day; 50 000 IU should be given to infants aged <6 months, 100 000 IU to infants aged 6–11 months and 200 000 IU to children aged ≥12 months." http://www.who.int/immunization/policy/position_papers/WHO_PP_measles_vaccine_presentation_2017.pdf

  **Warning:** A very important caveat here. The high dosage vitamin A recommendation by the W.H.O. is for malnourished infants and children. Most children and infants in first-world countries consume breast milk (fortified by mom), formula or foods that are fortified with vitamin A. Therefore, the amount to be supplemented would be much less. Since Vitamin A is a fat-soluble vitamin, excess levels taken for too long can build up and become toxic. See your health care provider for specific dosages and durations which are patient size, age and condition specific.

## Problem Seven-

- **Doctors have been indoctrinated in the IDEOLOGY** that the vaccine industry has promoted and have forgotten their training to follow the evidence and scientific scrutiny wherever it leads. Doctors need to challenge themselves to dig deeper than just believing what their friendly

neighborhood pharmaceutical rep and their superiors in big pharma tell them. God gave them a brain and they should know how to use it. After all, it got them all the way through medical school. Instead of going through the motions and believing everything that is spoon fed to them, they need to do their own due diligence and search out the truth wherever that may lead. If that means changing their long-held beliefs in the light of new and compelling evidence, then that's what they should do. And then, they can sleep well at night knowing that they are doing the right thing.

### The Solution-

- You have seen just a sampling of the credible scientific data conflicting with the blind ideology and talking points repeated vociferously by uneducated physicians, media outlets and politicians. It's time the doctors take the lead and invest some precious time and energy into investigating the evidence for themselves. Then on a grassroots basis, they need to educate their patients about appropriate ways to modify the vaccine schedule and eliminate unnecessary vaccines. Those same doctors also need to become educated on safe and natural alternatives, including teaching their patients how to adopt a lifestyle that practices great nutrition, proper hydration, exercise and stress management in order to optimize immune system function.

## Problem Eight-

- **Limited recourse for vaccine victims**- Parents of vaccine damaged children have felt like there is very little recourse for them. Other than having to navigate the Vaccine Court in an attempt for some restitution, they are left to feel that nothing they can do can make a difference in changing the dynamics of the system. They want to be able to prevent other families from having to raise a child into an adult and then care for that same adult son or daughter for the next several decades, without ever seeing them reach their full potential.

### The Solution-

- Implement reform and changes that would admit evidence into cases of vaccine injury. Recently, the highest court in the European Union took a step in the right direction allowing certain evidence to be taken into consideration in vaccine injury cases. They ruled that despite the lack of scientific consensus on the issue, a vaccine could be considered defective if there was *"specific and consistent evidence,"* which includes the time between when the vaccination was given and the onset of a disease. Also, to be allowed is the individual's previous state of health, the lack of any family history of the disease and a significant number of reported cases of the disease occurring following the vaccination. Source: http://bolenreport.com/eu-court-vaccines-can-blamed-illnesses-without-absolute-proof/#more-9791

  We should also open up the ability for parents of vaccine injured children to sue the pharmaceutical company that made the vaccine. The burden of proof is on the person filing the lawsuit. If they cannot prove without a shadow of a doubt that the vaccine caused the injury, then the verdict will go in the vaccine maker's favor. The plaintiff will bear the burden of their own expenses. On the other hand, if the evidence proves beyond a shadow of doubt that the

vaccine did cause the injury or death of the child, the vaccine maker should pay the fair and appropriate damages. You can bet that they would clean up their act quickly if court decisions started going in the favor of these victims. They would also make a push for developing genetic testing to identify at risk individuals. They would also start to clean up the vaccine ingredients. But, as long as the pharmaceutical industry is given immunity against legal challenges from parents of vaccine injured children and adult victims of severe adverse reactions, they will feel as though they have no need to closely regulate the safety and efficacy of vaccines. Sadly, they accept a certain percentage of casualties as the "cost of doing business", when in reality it costs them nothing.

## Problem Nine-

- **Vaccines contain ingredients that can be harmful. That is undisputable, especially to a genetically susceptible at-risk population doctors have no way of identifying yet**. I believe that I have effectively made that case and presented ample evidence to back that up. Does every person given a vaccine show an obvious adverse reaction to a toxin in the vaccine? No. Does every child given vaccines suffer an adverse reaction or some form of life long harm or illness later in life? No. But for the number that do, **it is unacceptable**. For the ones that will develop one of the neurological, behavioral, immune compromising and autoimmune illnesses that are skyrocketing in proportion to the escalation of the vaccine schedule, **it is unacceptable**. For the parents that suffer the anguish of raising a child that was fully functioning and developing perfectly normally, then regressed into a state of autism or developmental delay within hours or days of their vaccination, **it is unacceptable**. Look at the escalating rate of autism. If the projections that by 2032 one in two boys will develop autism are correct, how can our society possibly support that? **That is unacceptable!** One thing is certain. We need to change something, or nothing is going to change.

  Even for those that do not develop an obvious disease state, or chronic illness from the vaccines they have been given, how do we know what effect the added level of chemicals introduced by the vaccines will have over the course of their lifetime? And how might it influence, or add to the ever-increasing burden of toxins we are all exposed to from our air, our water, our food, our personal care products, our cleaning products, and on and on?

## The Solution-

- **Protect yourself and your children**- Demand not only your God given right to the sanctity of what you allow into your body, but the rights afforded to you by law, proper and full informed consent of all the potential risks and by precedents like the Nuremberg Code of 1947, which prohibits human experimentation without coercion and "voluntary consent" as to what goes into a person's own body.

# For those that choose to vaccinate, what can they do to prevent possible adverse reactions?

1. Refer to the solutions for problems 2, 3, 4 and 6 above.

2. As per CDC recommendations (see page 155-157), do not give the MMR with the Varicella (Chicken Pox) vaccine, or the MMRV (which includes the Varicella) to children under 4 years of age.

   In fact, the CDC website about the MMR and MMRV states the following:
   "Instead of MMRV, some children 12 months through 12 years of age might get 2 separate shots: **MMR** (measles, mumps and rubella) and **chickenpox** (varicella). MMRV is not licensed for people 13 years of age or older. There are separate Vaccine Information Statements for MMR and chickenpox vaccines. Your health care provider can give you more information."
   https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmrv.html

3. Provide support that will help the body detoxify from heavy metals, other toxins and provide antioxidant protection from free radicals including the dangerous superoxide radicals.
   **These include things like:**
   a. **Glutathione-** Glutathione is considered the "Master Antioxidant" and especially effective in countering oxygen free radicals produced in response to heavy metal exposure. Oral glutathione supplementation is considered only mildly effective as the glutathione can be degraded in the G.I. tract, thus results are poor. Supplementing with pure undenatured whey protein, N-Acetyl Cysteine (NAC), Vitamin C and magnesium has been shown to be effective in providing the "building blocks" for the body to produce glutathione. Liposomal delivery is another method that some believe to be better absorbed and assimilated than orally. Another method, although more inconvenient, invasive and requiring more expense, is intravenous administration
   b. **Vitamins A, B-complex including B12 and folic acid** (preferably the reduced form of folic acid called 5-methyltetrahydrofolate), C, D and E-
   c. **Superoxide Dismutase (S.O.D.)**
   d. **Algae supplementation**
   e. **Lipoic Acid**
   f. **Flavonoids (catechins, epigallocatechin gallate [E.G.C.G.])**
   g. **Curcumin**
   h. **Mineral supplementation especially selenium, magnesium and zinc**
   i. **Support a healthy microbiome-** Take quality pre and probiotics. Approximately seventy percent of the body's immune system resides in lining of the gut, called the Gut Associated Lymphoid Tissue (G.A.L.T.)
   j. **Take omega 3 fatty acids** (anti-inflammatory, nervous and immune supporting) and reduce omega 6 fatty acids (pro-inflammatory, nervous and immune disrupting). Dosage depends on age and bodyweight.

Many of these products are part of the formulas in the ***Toxic Exposure Protection & Elimination Protocols*** that can be purchased through Nutridyn. Details are given in the next 3 pages.

## TESTING

It can be very helpful to test certain levels of these nutrients to be sure that you can reach the "optimal" tissue levels.

- **Vitamin D-** The test is called the ***25-Hydroxyvitamin D Test***- Optimal values are between 50-70 ng/mL. It is a blood test that is available through your doctor. Some states now allow patients to refer themselves to labs for this test and many others.
- **Magnesium**- The best test to determine tissue levels and not just the magnesium ions floating around in the blood is called The ***Red Blood Cell Magnesium Test (RBC magnesium***). It can be done with a venous blood draw or by blood spot analysis. The *ideal levels* are between 6 and 7 mg/dL
- **EPA/DHA ratios** as well as omega 6 to 3 ratio- The ideal omega 6 to 3 ratio is 3:1 or less. The lab I use is called ***Lipid Technologies*** (Lipid Labs). It is a self-administered blood spot test. You don't have to go to a doctor's office or lab. It is a simple finger prick test, where you place drops of blood on a card that they will send you when you order the test. The regular cost for the test $200, but you can order it now through this link at $160…….Just type in **1200 Studies** for the **Offer Code**.

  Click to order your test kit >>> **GET YOUR OMEGA LEVELS TESTED HERE**

  ***Not available outside the U.S. or in N.Y.. California residents will need a health care provider to sign the order form in the test kit when you receive it.**

# DETOXIFICATION & IMMUNE SUPPORT

## Use only quality nutritional supplements for detoxification and immune support against infectious disease. Here is a great resource for you!

If like many people, you are confused, unsure, or have questions about what supplements and manufacturers produce the highest quality products, I have a solution for you. **HOWEVER, I want to make sure that you understand that if you are under the care of a medical provider, and that provider has recommended specific products for you, you should follow their recommendations and not consider these products, UNLESS you have a discussion with them and they give you the green light**

**and direction.** Since your personal medical provider has evaluated you and knows your health history, current health conditions and risk factor considerations, you should follow their advice.

**FINDING QUALITY AND EFFECTIVE PRODUCTS**

One of the biggest challenges for the consumer is in finding high quality nutritional products in the marketplace. There are so many sketchy nutrition companies out there. Many of them use very unscrupulous formulating and manufacturing practices without regulation. That's why it is important to only use products from a company that has independent oversight for quality control and good manufacturing procedures. I have been doing business with a company named ***Nutridyn*** for over 30 years and have had excellent results with the brands and products I have recommended to thousands of patients. I have also personally known the owners and principals of Nutridyn for over 40 years. They are all individuals of the utmost integrity and honesty. Nutridyn is a distributor for only a few companies, ones that have impeccable reputations for quality and purity. The companies that they carry are GMP certified which means they have been certified for outstanding General Manufacturing Practices. GMP is the most trusted independent certification trademark for nutritional supplement manufacturing. In my three decades plus of recommending the products they sell, I have had an overwhelming degree of success and patient satisfaction.

In addition, Nutridyn's products are sold primarily through healthcare practitioners, so they are continually receiving feedback on the degree of success in clinical situations with the products they sell. By having their finger on the pulse of those results, they are able to refine the selection process for the products that they carry and sell.

*** If you are currently working with a health care practitioner that specializes in nutritional supplementation in their practice and with your care, please consult with them so that they can recommend and provide you with the products you need. If they are highly qualified in this area and know your complete health history, they can better recommend what you need.**

**If you are NOT working with a health care practitioner that offers nutritional supplementation, click on the link below to explore the wide array of products and product categories at Nutridyn.**

**When you click on the Nutridyn link below, set up your personal account by providing the requested information. Once you set up your account, you can access the products by hovering your cursor over "Products" at the top. When the drop down appears, move your cursor to the category you want to browse and click on it. There are three "kits" that are age specific for toxic exposure protection & elimination. They are indexed alphabetically under:**

**Toxic Exposure Protection & Elimination Products-**

- **Infant to age 2**

- **Child ages 3-6 (dosing for age ranges in this group are provided)**
- **Age 7 to Adult (dosing for age ranges in this group are provided)**

**You will find these at the bottom of the drop-down window, if you don't see them in the drop-down window (which will depend on your browser window and screen magnification), scroll the entire window down a bit and that will allow you to see the last categories on the list. Click on the age appropriate category and you will see the recommended products. To view details about each product, click on the image of the product and the complete details will appear including pricing. To navigate back to the list, hit your backspace button or click on the back arrow, which is usually located in the top left corner of your browser window.**

**The age specific detoxification dosing instructions have been provided by Nutridyn and can be downloaded here from the bottom of the page this link takes you to…….**

**View Detoxification information and instructions**

## Other methods for elimination of toxins

**Far Infrared Saunas-** Saunas have been used for decades in many cultures as a way to sweat out toxins. The far infrared saunas have heaters that emit an infrared energy which stimulates release of cellular toxins, which allows for a very effective result without the need for very high heat or longer sessions.

**Oral detox programs-** (see the **Nutridyn** link above for access to some excellent detox products)

**Proper hydration and bowel elimination-** In order for the bowel and kidneys to eliminate toxins and waste, a person must be well hydrated (at least ½ ounce of water per pound of bodyweight daily) and eating foods that enhance digestion and bowel motility (fruits and vegetables with limited processed and fried foods).

**Exercise-** Not only does exercise promote sweating for release of toxins, it stimulates bowel and kidney elimination (assuming your diet is healthy and you are well hydrated), and it increases the metabolism enhancing burning calories, immune function and improving digestion. In addition, moderate exercise increases the body's production of interferon, a natural immune boosting chemical.

**DISCLAIMER: Always work with a qualified health professional that can help you determine what your unique considerations based on your personal health conditions and any medications you may be taking. That way they can tailor a program specific to your unique needs. In addition, your doctor can tell you if you are fit enough for exercise and saunas therapy. Based on your health and level of fitness, they can recommend programs specific for your needs.**

# PROTECTING AGAINST INFECTIOUS DISEASES, including my VIRAL PREVENTION AND TREATMENT PROTOCOLS

## How can I maximize my immunocompetency to protect against bacterial and viral infections?

### Nutritional Supplements to prevent and treat infectious diseases

***The following products are also available from Nutridyn. The associated product information below is from their web site. I thought I would give you an idea of products that I am most familiar with. Once again, if you are working with a health care provider trained in the nutritional/supplemental approach to these issues and any other health conditions you suffer from, please see them and follow their recommendations.***

**VIEW & PRINT**

**Nutritional Viral Prevention and Treatment Products**

**Here are a few of the basic nutritional compounds that are discussed in my protocols and a small sampling of the science that supports their use….**

**The complete protocol is much more comprehensive, but this should give you a sampling of some of what it contains.**

**Vitamin D- D3 5000 with K2-** (product code R197) Supports Bone, Cardiovascular, and Immune Health

D3 5000 with K2 is a highly bioavailable form of Vitamin D3—as cholecalciferol—and vitamin K2—as patented MenaQ7®. Vitamin D3 and Vitamin K2 are essential micronutrients with ubiquitous roles throughout the body, such as supporting stress levels, bone health, skin health, heart health, and immune function.

It is crucial to obtain adequate amounts of vitamin D on daily basis, as deficiency can lead to a host of health issues. Vitamin K2 (menaquinone) comes in a variety of forms, with evidence suggesting that the form MK-7 is particularly important for people that have chronic health issues causing nutrient malabsorption.

Given the importance of adequate Vitamin D levels in the body and many people's lack of exposure to direct sunlight, D3 5000 with K2 supplementation can help users in a variety of ways. The most relevant research-backed benefits include:

- Support cardiovascular function
- Support healthy mood and stress levels
- Support bone and skin tissues
- Support immune function

It is highly recommended that serum 25 (OH) and 1 ,25 (OH) 2-vitamin D be monitored every 60-90 days while consuming this product to ensure that levels remain in an acceptable range.

**STUDY**
**Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren**
https://www.ncbi.nlm.nih.gov/pubmed/?term=20219962

"From December 2008 through March 2009, we conducted a randomized, double-blind, placebo-controlled trial comparing vitamin D(3) supplements (1200 IU/d) with placebo in schoolchildren. The primary outcome was the incidence of influenza A, diagnosed with influenza antigen testing with a nasopharyngeal swab specimen." ***I would recommend that the child's vitamin D status is measured. It is quite possible that they may need more than 1,200 IU/day to optimize their levels. I am confident that optimized levels of vitamin D would yield even better results than were achieved in this study!***

**RESULTS:**
"Influenza A occurred in 18 of 167 (10.8%) children in the vitamin D(3) group compared with 31 of 167 (18.6%) children in the placebo group. The reduction in influenza A was more prominent in children who

had not been taking other vitamin D supplements and who started nursery school after age 3. In children with a previous diagnosis of asthma, asthma attacks as a secondary outcome occurred in 2 children receiving vitamin D(3) compared with 12 children receiving placebo."

**CONCLUSION:**

"This study suggests that vitamin D(3) supplementation during the winter may reduce the incidence of influenza A, especially in specific subgroups of schoolchildren."

## Vitamin C- Ultra Potent C, Tablet or chewable-

- 500 mg tablet (M910)
- 1,000 mg tablet (M815)
- 250 mg chewable (M812)

**STUDY**
**Vitamin C and Infections- *Journal Nutrients* 2017**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409678/

"In the early literature, vitamin C deficiency was associated with pneumonia. After its identification, a number of studies investigated the effects of vitamin C on diverse infections. A total of 148 animal studies indicated that vitamin C may alleviate or prevent infections caused by bacteria, viruses, and protozoa."

## Vitamin A-

- **A & D Natural capsules** - (P407) 10,000 I.U.s vitamin A and 400 I.U.s of vitamin D
- **Vitamin A Fish (cod) Liver Oil-** (P1616) 25,00 I.U.s vitamin A

Vitamin A plays an integral role in immune health and may be especially beneficial for warding off illness and infections. According to a review out of Baltimore, a deficiency in this key vitamin can weaken immunity and even alter the function of immune cells.

It's believed that vitamin A deficiency blocks the regeneration of the mucosal barriers, resulting in increased susceptibility of infections. Interestingly, a 2014 study out of Colombia actually estimated that giving 100,000 children vitamin A supplements could save over $340 million in medical costs by reducing the incidence of serious conditions like diarrhea and malaria.
Courtesy Dr. Axe- https://draxe.com/vitamin-a/

**STUDY- *Proceedings of the Nutritional Society***
**Vitamin A and immunity to viral, bacterial and protozoan infections**
https://www.ncbi.nlm.nih.gov/pubmed/10604208

"Studies in animal models and cell lines show that vitamin A and related retinoids play a major role in immunity, including expression of mucins and keratins, lymphopoiesis, apoptosis, cytokine expression, production of antibody, and the function of neutrophils, natural killer cells, monocytes or macrophages, T lymphocytes and B lymphocytes. Recent clinical trials suggest that vitamin A supplementation reduces morbidity and mortality in different infectious diseases, such as measles, diarrhoeal disease, measles-related pneumonia, human immunodeficiency virus infection and malaria. Immune responses vary considerably during different infections, and the available data suggest that the modulation of immune function by vitamin A may also vary widely, depending on the type of infection and immune responses involved."

There are many mentions and references of the value of vitamin A in preventing and treating infectious disease in this eBook.

**ZInc- Zinc Pro-** A highly Absorbable Zinc capsule (product code R913) or Zinc lozenges w/ Vit C (product code D75)

Zinc is an essential mineral, second only to iron as the most plentiful trace element in the body. It aids in the absorption of B vitamins, is a constituent of at least 25 enzyme systems, and is a component of insulin and of superoxide dismutase. Further, zinc is essential for growth and development of the sexual organs and prostate function. It is required for protein synthesis and collagen formation, promotes a healthy immune system, and healing of wounds. It is important for the formation of bones and plays a role in carbohydrate and phosphorus metabolism. Zinc also allows acuity of taste and smell.◆

## Echinacea, Black Elderberry and ginger- Bacticidx- (product code T2191)

Bacticidx is an all-natural herbal immune support formula containing Echinacea root, elderflower/elderberry, and ginger root.◆

Proper immune function is critical for adults, especially if regularly in highly contagious environments such as schools or offices. Bacticidx by TonicSea is a great way to help you get the herbal ingredients you need for healthy immune function.◆

Bacticidx is formulated with three potent immune-supporting herbs: Echinacea, elderflower/elderberry, and ginger root. Research suggests that the Echinacea herb supports the body's immune function. For this reason, Echinacea is sometimes referred to as "nature's immune enhancer."◆ Ginger contains fragrant polyphenols called gingerols that have been shown to have antioxidant and immune supporting roles in the body.◆ Also contains elderflower and elderberry, which have polyphenols that help support healthy inflammatory response by inhibiting nitric oxide production in certain bodily tissues.◆

## Mushroom Extracts & Micronutrient support- Immune Support (product code R156)

Immune Support combines vitamins C, D, and Niacin with trace elements Zinc and Selenium to create a product with potent immune support. To further support healthy immune function, a proprietary blend of various extracts of mushrooms traditionally found in Eastern medicine has been included.◆ Centuries of using mushrooms for their beneficial properties and modern clinical evidence reveal their potent ability to support a healthy immune system.◆

## Olive leaf extract- **Olivirex High Potency Olive Leaf Combination** (product code B126)

Olivirex® is an innovative formulation combining standardized olive leaf with a synergistic blend of botanicals to enhance the broad-spectrum qualities of olive leaf. Both historical references and modern research attest to the value of the phytochemicals of this ancient tree. Summary of Benefits: Superior Olive Leaf combination offers broad-spectrum support; Highest potency Olive Leaf extract available (22-24% Oleuropein); Synergistic blend of additional botanicals supports detoxification. Contains added immune modulators and adaptogens.

## Andrographis herb- **Andrographis Plus** (product code ANDRP)

Andrographis Plus® delivers a proprietary blend of Ayurvedic and Asian herbs including beneficial levels of concentrated andrographis extract and amla designed to support immune health. A proprietary herbal preparation traditionally used to support lung health rounds out this advanced immune support formula.

## Resveratrol- **Resveratrol Plus** (product code R214)

Resveratrol Plus contains highly potent antioxidants from green tea leaves, grape seeds, and isolated quercetin. These plant-derived molecules have been shown to support healthy blood pressure, blood lipid levels, blood flow, and immune function. A potent polyphenol compound, resveratrol has shown remarkable antiviral activity in numerus studies.

## Beta glucan- **Immunity Pro (T2186)-** for teens and adults

**-Suppys Immunity-** All-Natural Immune Support for Children (product code Y1015)

Research shows that Beta glucan supports both innate and adaptive immune function. According to a clinical study, older adults (50-70 years old) taking Wellmune reported a 16% decrease in total upper respiratory tract infection (URTI) symptom days. A 4-week clinical study demonstrated that stressed women taking Wellmune® were 62% less likely to develop URTI than those taking a placebo.

Proper immune function is crucial in children, especially as they grow and mature. Children also tend to be at greater risk of foreign challenges due to activities like school, playing outside, and being in daycare. Suppys Immunity is a great way to help kids get the beta-glucan they need for healthy immune function in tasty chewable tablets.

Suppys Immunity is a delicious, all-natural immune support formula for children, containing patented Wellmune® a highly purified, proprietary strain of baker's yeast. A large body of clinical research suggests that Wellmune® can help support children's natural immune responses and provide protection from health challenges arising from physical and lifestyle stress.

According to clinical research, children supplementing with Wellmune® reported 66% fewer upper respiratory tract infections (URTI) symptoms and six fewer sick days over the course of 12 weeks than children taking a placebo.

**Colostrum- Immune PRP Pro** (product code T2178)

Immune PRP Pro contains pure bovine colostrum which is rich in immunoglobulins, especially IgG, as well as IgA and IgM. Bovine colostrum contains 40 times more immune-related components than human milk. In addition to these immune system enhancers, bovine colostrum contains viable cells, such as neutrophils and macrophages, which secrete special proteins that support your immune system◆; these proteins include cytokines, lactoferrin, and proline-rich polypeptides (PRP).

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## *View and Print my Nutritional Viral Prevention and Treatment Protocols*

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**Is that a lot to digest? (pun intended 😊) This link will take you to my Nutritional Viral Prevention and Treatment Products page, where I have posted the complete program and have organized it all for you!**

**VIEW & PRINT**

**Nutritional Viral Prevention and Treatment Products**

## Diet and Lifestyle Recommendations

- **Get chiropractic adjustments**- As the methods for measuring nervous and immune system competency have improved, several studies have been able to connect the dots between getting adjusted and improving immune system function. In simple terms, the autonomic (automatic or self-governing) part of the nervous system has 2 parts, the sympathetic and the parasympathetic nervous systems. The sympathetic is the fight or flight part (adrenaline and action) and the parasympathetic one is the "chill" part (digestion, rest, sleep). Healing and enhanced immune function occur during parasympathetic dominant states. Chiropractic adjustments help regulate the autonomic nervous system toward the parasympathetic side. Another way of putting it, is that adjustments down-regulate the sympathetic nervous system. This results in better healing and enhanced immune competency. **ALTHOUGH…chiropractors don't treat disease or infection with adjustments, they adjust the dysfunctional segments of the spine, which allows the nervous system to regulate functions and systems of the body in the manner that they were designed to do. It is the innate or inborn wisdom of the body that heals. Removing interference and letting the body do the rest is how chiropractic works.**

    - The role of the autonomic nervous system and its influence on the immune system. https://www.ncbi.nlm.nih.gov/pubmed/11121511
    - Chiropractic adjustments inhibit sympathetic tone improving immune function https://www.hindawi.com/journals/ecam/2017/4345703/
    - The famous Henry Winsor M.D. study, showing evidence of sympathetic segmental disturbances and visceral disease. https://danmurphydc.com/article-review - see link to free article review.

- **Reduce mucous forming foods**- like dairy, fried and deep-fried foods, cream sauces, sugar and excess grains. Foods that form mucous make your lymphatic system sluggish. The lymphatic drainage system is like the body's sewer system. They drain all of the cellular debris and waste from our tissues, so they can be eliminated. Mucous plugs up the system. It would be like having a clogged septic system and having all that putrid waste back up into your house!

- **Stay away from sugar and high glycemic foods** (foods that convert to sugar rapidly into the blood stream). Studies show that even small amounts of sugar inactivate the immune system for several hours.

- **Drink adequate pure water**- A minimum of ½ ounce per pound of bodyweight (more if exercising or sweating). Being well hydrated helps lymphatic drainage and all cellular processes work better.

- **Exercise**- at least 30 minutes 5 times per week.

- **Stop touching your nose**- Estimates are that we touch our noses between 20 and 40 times a day! Every time you touch your nose, you run the risk of transmission of a bacteria or virus into

your body. This is the number one-way people become infected. They touch a door handle or other contaminated object and then touch their nose.

- **Get plenty of quality sleep**- Get a minimum of 7 hours per night and preferably 8. If you don't sleep well at night, take a power nap during the day.

- **Wash your hands regularly and be conscious of what you touch**- Do NOT use antibacterial soap. Regular hand soap will do the trick and prevents the development of bacterial resistant organisms.

**VIEW ONLINE VERSION**

**10 Effective Ways to Prevent and Treat Viral Infections**

# IF VACCINES ARE GOING TO STAY, WHAT NEEDS TO BE DONE TO FIX THE PROBLEMS?

- A ***Vaccine Commission*** should be formed consisting of INDEPENDENT, NON-PHARMA or CDC AFFILAITED scientists and researchers, to look into systemic and systematic corruption, bias, financial conflicts of interest, and pay for play schemes. The involvement of media and biased reporting based on financial benefits from pharma should be regulated and fines should be instituted for those disseminating information provided by advertisers as "news" or "fact" rather than fully disclosing it to be a paid for commercial. The Commission should scrutinize studies on both sides of the argument and develop plausible theories to explore with additional studies that are carefully controlled for bias, conflicts of interest and methodological flaws. Then an all-out effort should be made to identify the root causes for the advancing neurological, immunological, reproductive and oncological epidemics we are seeing over the last 50 years. Once identified, sweeping changes need to be implemented to stem the rising tide of debilitating chronic disease that threatens to wipe us out physically, emotionally and financially.

- **Vaccine manufacturers need to work aggressively on vaccines that do not contain toxic substances and don't cross react with other vaccines**.

- **We need to eliminate prenatal vaccines for women until (or if) metals and other toxins are eliminated from vaccines.**

- **We need to develop genetic testing that identifies children that are susceptible to reacting to the ingredients in vaccines and do not vaccinate them**, or at least wait until they are much older and then only selectively vaccinate.

- We need to take a step back and **reduce the vaccine schedule** by eliminating the vaccines that many health professionals currently consider optional (but may be afraid to speak out).

- **Children should get no more than one vaccine and dose per visit**- The multiple vaccine injections such as MMR, DTP/TDaP and polyvalent (poly=many) vaccines like the trivalent (3), quadrivalent (4), pentavalent (5) or hexavalent (6) vaccines should be separated into single component vaccines, despite the desire for cost savings, compliance and convenience. Children's lives and health are worth the higher cost and inconvenience, aren't they?

- **We need to spread the schedule out significantly**, with less vaccines and doses before age 2.

- **We need to give parents written informed consent, which describes ALL the possible adverse reactions to the shots their children are about to receive, AND give the parents the right to refuse them if they so choose without being shamed, chastised, criticized or ejected from the doctor's practice**. Ignorant doctors need to learn this information and behave compassionately or run the risk of losing well-educated patients and their families.

- **There needs to be an independent investigation of and fundamental changes at the CDC**. The incestual relationships with the pharmaceutical companies need to be forbidden. The myopic agenda driven mantra and unquestioning support of the CDC for big pharma needs to stop. The CDC is supposed to be the protector of the public health and watchdog against medical practices that harm the public. There needs to leadership changes that take that role seriously and carry it out without bias, collusion or prejudice. Let the facts be the facts, don't allow appearances of fact to be "manufactured" in the lab.

- **Consider allowing healthy and well-prepared kids to contract certain childhood illnesses AND GIVE PARENT THIS OPTION without feeling pressure or coercion**- We should consider a concept that was used years ago to impart lifelong immunity to childhood disease. This may sound radical to some, but many years ago, when a child would develop chickenpox for example, other friends and family would bring their children over to become intentionally exposed. It was a way to provide lifelong immunity to that illness by allowing the child to contract the illness at an age when the symptoms are milder and much more tolerable. In fact, many of us who grew up in the 50s and 60s experienced the benefits of this philosophy. This process would work best of course, if were utilized with children who are not immune compromised. This should only be done with children that have healthy, vital, strong immune systems, whose parents live and promote to them a lifestyle that follows the following recommendations.

- **Support the immune system**- The previous recommendation would work best if parents knew how to provide food and nutrients that will build and enhance their child's immune system prior to exposure by feeding them natural whole foods, providing them with supplemental immune boosting nutrients like probiotics, vitamin C and vitamin A. They must also avoid sugar, fried foods and other immune compromising substances, drink purified water, get plenty of outdoor activity, exercise and quality sleep. If a child is not sick at the time and was properly prepared prior to exposure to what is supposed to be benign childhood illnesses, the risks and rates of serious complications would be dramatically reduced. These same recommendations would be solid advice for all parents wishing to reduce their children's susceptibility to any illness. Not only will this approach reduce the susceptibility to illness, but if the child does contract one of the many bacterial and viral infections, they will be well prepared for their own immune system to fight and defeat it. Remember, fighting and defeating childhood illnesses is one of the fundamental ways that the immune system develops and matures. If we try to keep our children in a sterile bubble, we are doing them a major dis-service which we will talk about next.

- **Employ the *Hygiene Hypothesis***- Many scientists are now re-discovering and supporting what's called the Hygiene Hypothesis, which recognizes that exposure to germs is part of the development and maturation process of a strong and healthy immune system. A current example of this at work is that public health officials have reversed their stance on the use of antibacterial soaps and hygiene products. They have recognized that attempting to create a sterile environment is interfering with natural immunity and propagating antibiotic resistant germs. Promoting a system that would impart natural immunity as part of an intentional, safe, controlled and inexpensive (free) process, would make sense to anybody who doesn't stand to make a profit from the current system.

- **Control inflammation**- IL-6 is a pro-inflammatory cytokine (protein), which can activate inflammation systemically, including in the immune and brain cells of the fetus. This is definitely not a good thing during fetal development! Maternal intake of fish Oil, curcumin and resveratrol block IL-6. Decreasing inflammatory oils like high omega 6 vegetable oils during pregnancy can also reduce IL-6 and thus systemic inflammation. Reducing Il-6 is also a key to decreasing the chances of the mother and child from developing autoimmunity. Even soluble fiber and prebiotic fiber have been shown to reduce neuroinflammation in mice. https://www.ncbi.nlm.nih.gov/pubmed/?term=30154787

  - **Here is a case in point with fish oil.** A 2017 article from the Journal ***Lipids*** titled, **Do Omega-3/6 Fatty Acids Have a Therapeutic Role in Children and Young People with ADHD?**, looked at 16 studies, in which 13 of them revealed the benefits of fish oil in **the treatment of ADHD, as well as protecting against brain-inflammation and cellular damage and death**.

**From the Article:**

"Long-chain polyunsaturated fatty acids (LCPUFA) and particularly omega-3 fatty acids have been under the spotlight for decades. They are **key regulators of brain neurotransmission, neurogenesis, and neuroinflammation, all having an important role in the prevention and treatment of psychological and behavioural dysfunction disorders. Eicosapentaenoic acid**

**(EPA) and docosahexaenoic acid (DHA) are two fatty acids that are highly concentrated in the brain, exhibiting antioxidative, anti-inflammatory, and antiapoptotic effects, with these contributing to neuron protection**."

Some of the studies also found that certain individuals don't metabolize and utilize these fatty acids efficiently. Like we have discussed previously with regard to other genetic defects (polymorphisms), some individuals may be genetically limited in their capacity to process these types of fat. Even those that have genetic polymorphisms, typically respond to higher doses, than someone whose genetic code allows for proper processing. Always check with a health care provider knowledgeable in these matters, to determine what dose is appropriate.

There are numerous natural compounds in addition to fish oil that down-regulate inflammation and oxidative stress. Those include curcumin (from turmeric), ginger root, quercetin, vitamin D, lipoic acid, N-acetyl cysteine, alpha lipoic acid, resveratrol just to name a few. The Nutridyn product that I recommend containing a wide array of these nutrients is called Dynamic Inflam-Eze. It is one of the products that can be found by following the Nutritional Viral Prevention and Treatment Products button a few pages back.

## Current vaccine exemptions in various states

Pay close attention to the attempts by state legislation to restrict your right to exercise an exemption for you or your child. According the NCSL link below, as of December 20, 2017, only 18 states are left to exercise a personal belief exemption. All states except California, Mississippi and West Virginia still offer a religious exemption. And all states currently offer a medical exemption. To stay current on exemptions I recommend these two resources:

***The National Vaccine Information Center***
https://www.nvic.org/vaccine-laws/state-vaccine-requirements.aspx

You can download a map of the U.S. showing the current states and the allowable exemptions here:
https://www.nvic.org/CMSTemplates/NVIC/pdf/state-vaccine-exemptions_blue.pdf

***The National Conference of State Legislatures (NCSL)***
http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx

Just another word on exemptions. If you are a parent and get "the letter" from your child's school warning you that your child will not be able to set foot on school property unless all of their vaccinations are up to date, and your child is not up to date, do not fear if you live in a personal exemption state. All you need to do is call the school and request an exemption form. Simply fill it out, checking the personal exemption box and return it. Usually there are no questions asked. If you live in one of the 47 states that allow for a religious exemption and your beliefs would preclude you from taking certain vaccines due to

the aborted baby DNA contained in that shot, or another religious conviction, you would need to make your case and possibly provide a letter from your pastor, priest or rabbi. For a medical exemption, you will need a letter from your medical provider stating the reason for the request. Reasons include, a history of allergic reaction to an ingredient found in the vaccine or a prior adverse reaction to the same vaccine.

## Ask these questions if you intend to receive a vaccination, or vaccinate your child:

### This is an excerpt from the National Vaccine Information Center (NVIC):

**Under the National Childhood Vaccine Injury Act of 1986, over 3.6 *(now it's 4)* billion dollars have been awarded to children and adults for whom the risks of vaccine injury were 100%.** Vaccines are pharmaceutical products that carry risks, which can be greater for some than others. NVIC encourages you to become fully informed about the risks and complications of diseases and vaccines and speak with one or more trusted health care professionals before making a vaccination decision.

1. Am I or my child sick right now?
2. Have I or my child had a bad reaction to a vaccination before?
3. Do I or my child have a personal or family history of vaccine reactions, neurological disorders, severe allergies or immune system problems?
4. Do I know the disease and vaccine risks for myself or my child?
5. Do I have full information about the vaccine's side effects?
6. Do I know how to identify and report a vaccine reaction?
7. Do I know I need to keep a written record, including the vaccine manufacturer's name and lot number, for all vaccinations?
8. Do I know I have the right to make an informed choice?

If you answered yes to questions 1, 2, and 3, or no to questions 4, 5, 6, 7 and 8 and do not understand the significance of your answer, you may want to explore information on NVIC's website to better understand the importance of your answer. These questions are designed to educate consumers about the importance of making fully informed vaccine decisions

Source: http://www.nvic.org/Ask-Eight-Questions.aspx

## Your opportunity to help support this effort

**I have dedicated the last three and a half years of my life in the research and writing of this eBook. There are two main reasons I didn't want to write a conventional book and sell it through book outlets. The first is that my number one priority is to provide widespread distribution to this vital health and life saving information. Second, was to provide it in such a way that all of my statements, claims and sources could be easily verified with a mouse-click. The truth and substantiation to peer reviewed scientific literature to this information was essential. Financial compensation for my time was a distant consideration compared to those reasons. If you feel that you have been blessed in any way by your access to this document and the ability to easily share it and would like to donate to my efforts, that would be amazing and greatly appreciated.**

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***Please consider donating to offset the costs for producing this eBook***

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**Donate securely here**

Thank you for your contribution to this effort!

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# *Here are the social media links to share this immediately with all your friends*

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**To email or share this document, look for an icon that looks something like one of these. They are usually located on the toolbar at the top of the page**

## Forward the link to this e-Book to your state and federal representatives and senators- Their contact information can be found here…

### To locate your Federal Representatives to Congress, go to either of these sites:

https://www.house.gov/representatives/find-your-representative

- Type in your zip code to locate your District Representative to the House

https://www.usa.gov/elected-officials - choose senate or house

- For the House, type your zip code in the box in the upper right to find your District Representatives and their contact information
- For the Senate, choose your state in the drop-down box

**Each of the state official's contact forms are slightly different, but the information asked to be provided is very similar**

Fill out your information

Under **Topic**: choose Healthcare

Under **Subject**: type "critical health care subject"

Under **Message:** You can copy and paste this if you like- -or- add your own content and style as you see fit. **Be sure to copy and paste the links to the download also**

**SAMPLE:**
**I urge you to please read this document. Our country's future depends on it and that is not hyperbole. This E-book titled 1,200 Studies. This eBook is the most researched and scientific exposé on the safety and effectiveness of vaccines. It is searchable, with instant access to any page from the Table of Contents and allows for direct link connection to the content's sources and information right from our own government's scientific database, called PubMed. You can access it at one of these sites.**

- **www.1200studies.com**
- **www.wellnessdoc.com/1200studies**
- **www.chiropractic.org/1200studies**

### To locate your State Representatives, go to this site:

https://openstates.org/find_your_legislator/

Once there you can use the auto locator to find your district Senators and Representatives -or-

Select your state at the top

Click the Legislators tab just under the state drop-down

Select both chambers

Enter your address on the right

Select your congress person and you will be able to email or call them

Copy and paste the statement above or add your own content and style as you see fit.

## Support the National Vaccine Information Centers efforts to fight for the individual's right to choose what goes into their and their children's bodies

This is a page from NVIC's website that has a great summary of what is happening legislatively all over the country. https://www.nvic.org/NVIC-Vaccine-News/October-2017/state-vaccine-legislation-in-america-2015-2017.aspx

Get involved on your state and local level to fight these attempts to mandate vaccines and trample on your personal rights and freedoms. NVIC also has numerous resources including information on state exemption laws. Here is their home page: https://www.nvic.org/

# If you like this work and the information that it provides, please consider subscribing to my monthly newsletter covering all science and evidence based things related to the COVID-19 world-wide freak out

Not only is the data and the science on vaccines changing all the time, COVID-19 has added many layers to the rapidly changing information. What is fact? What is fiction? How is data and statistics manipulated to support an agenda (i.e. fuzzy math)? What do the real stats say?

Using multiple sources, I will share with you the stories behind the stories, the data to support them and the links to the studies or aticles so you can follow-up if you'd like. You won't hear these stories in the mainstream or pharma-controlled media. Get it all for only $6.00 a month.

Subscribe to the 1200 Studies monthly newsletter here....

**Subscribe**

## Some closing thoughts

This document could have been well over 1,000 pages long. There is so much more that could have been included, but at some point, I had to call it quits and get it out there. The point is, that there is such overwhelming evidence of major problems with the current system. More evidence of that emerges every week and the reports of adverse vaccine reactions continue to pile up, as does the payments to vaccine injured children and adults. And devastation is left in the wake of it all. Families and children's lives are destroyed and sometimes it seems that no one cares. But just know that there is a growing number of people that do care and are willing to take a stand. And it's up to each and every one of us to share this story and become active in our communities, working hard to get the truth out.

# Closing Remarks

## Going forward-

**I'm going to make a couple relevant points using spirituality as an example, because there are some good correlations to the vaccine conversation.**

- **Examining the evidence**
- **Holding firm to your convictions**
- **Treating all others with love and compassion**
- **Our freedom to chose**

In all life decisions, each person has to examine the evidence and come up with a verdict or decision. Here's an example that comes to mind. It's like all of the different religions in the world, even including atheism. There is the possibility that they could all be wrong, but one thing for sure is that they all can't be right. Each person has to decide where they're going to stake their claim, their trust, their faith. We all put our faith and trust in something whether its ourselves, our spouses, our money, our career or a higher being.

## Study the evidence, make your decision and then hold fast to your convictions

Since I have always been an evidence-based person, I like to analyze things before making up my mind about it. From a spiritual perspective, I have decided that Christianity makes the most sense and aligns with my spirit, therefore I have adopted a Christian worldview. I've put my faith and trust in Jesus Christ, in part because I have looked at all the evidence and come to that conclusion and in part because my spirit has felt drawn to Him. On the intellectual side, I've read several books by devout atheist attorneys and investigators, that set out to disprove Christianity but came full circle after examining the evidence. And, I've examined the historical evidence and the archeological evidence myself. I've considered the hundreds of Old Testament prophecies that were all fulfilled, including the ones about the life, death and resurrection of Jesus. The odds of every one of those prophecies being fulfilled are infinitesimal, yet they were. His eleven disciples (after Judas's betrayal and demise), went from frightened doubters after seeing him die on the cross, to turning 180 degrees in their belief after seeing him alive again (along with over 500 other witnesses). And making known their convictions, they proclaimed his resurrection, standing firm in their testimony even to the point of being willing to be martyred for their faith decades later after boldly spreading the "Good News" about Jesus' life, death and resurrection. If they wouldn't have been absolutely and totally convinced that he rose from the dead, they would have just walked away and lived a comfortable, happy, easy and unassuming life…. instead they died for their faith.

So, like any life altering decision (and considering vaccination can be just that), a person needs to consider all the facts and evidence including the extenuating circumstances and decide what is true. Then they need to stand firm in their convictions and if they feel called, spread the news to others. If a preponderance of new evidence comes to life, we should all be willing to look at and consider it. We have all heard of the person convicted of murder that serves decades in prison until new facts come to life and they are exonerated and released. As new facts are presented, a person needs to have the integrity and honesty to say, "in light of the new evidence, I will change my opinion". I am hoping and praying that this will be the case with many staunch vaccine proponents. I believe that those with an open mind, intellectual honesty and a heart to serve others and do what's right, will do just that.

Another intersection between religion and the vaccine issue is the use of aborted baby tissue to grow the virus for vaccines. That coupled with the fact that fragments of that baby's DNA remain in each dose of the vaccine and are transmitted into the body of the vaccine recipient, potentially being combined or integrated into the DNA of that vaccine recipient. That poses significant moral, ethical, religious and health challenges. Several world religions would have issues with that, and I would imagine that many non-religious people would as well.

## An appeal for civility and respectful discourse- Be loving and respectful

And one last point of encouragement which can also relate to the spiritual analogy, the bible commands Christ followers to love all people. In fact, the message at church last Sunday was on 1 John 4:13-21. It was all about how Christians are to love. And in 1 Corinthians 13:2 (ESV), it says, "And if I have prophetic powers, and understand all mysteries and all knowledge, and if I have faith, so as to move mountains, but have not love, I am nothing." As Christians we are to love people regardless of what religion they believe in, even if it's no religion at all. The Bible tells us that all people are made in God's image. And that all people deserve our love and to be treated with respect.

In the same way (regardless of what your spiritual beliefs are), we should love people with opinions on vaccines that are different than ours. Let's take the high road and debate with courtesy and respect, even if the other person resorts to hatred, name calling and bad behavior. Let's set the example for civil discourse, sticking to the facts even when discussing an emotionally charged subject.

## Our freedom to choose

One of the blessings of living in the United States of America is freedom. There are many freedoms we enjoy, freedom of religion (or no religion), freedom of expression or speech, freedom to pursue happiness, fulfillment and career choices. And the freedom to choose what we do with the health, well-being and sanctity of our body and the bodies of our children. We live in a country where our government allows us these freedoms. The opposite is true in totalitarian regimes and communist countries. The government tells you whether you can practice religion or not. In many cases it is outlawed, because the government wants complete and total allegiance to them. They tell you how to think and what to think. As human beings, this is antithetical to our nature. The desire for the freedom to think and choose our destiny is in in the heart of every human being. And our forefathers left England to escape an over-reaching government, that told them what religion they had to practice and what they had to believe to make a life in the new world. They created a nation built on different principles. So today, we can enjoy the very freedoms that our Founding Fathers so purposefully carved into our Constitution, including the Bill of Rights and with the Declaration of Independence. We as citizens, have to be steadfast in making sure that those rights do not erode over time. Critics would say that when it comes to your free choice regarding vaccines, the government must look out for the better welfare of the whole population. They know what is best for all of us and they will dictate our choices, which in the end becomes no choice at all. Well, after reading this document, I hope that you have a much better appreciation for why that argument doesn't hold water. In fact, that bucket has so many huge gaping holes in it, that there is no water left.

Thank you for taking the time to read and explore this massive document. I ask that you follow your heart with this information. If inspired to do so, share it with as many people as you can. Nothing will change unless enough caring people take action to make it happen. You can be a part of that transformation.

**Special Acknowledgements-**

- Special thanks to my amazing wife, as she patiently waited for me, extending me grace while I spent hundreds of hours over two and a half years to complete this project. So many things had to be put on hold, (including gainful employment 😊).

- I would like to extend a special thanks to my good friend Richard Trayler for teaching me how to construct a document like this. He taught me how to create the shortcuts, formatting and cool features I used in 1200 Studies. Thank you Rich!

# Bio for Dr. Palmer

## Education and work experience

Dr. Palmer did his undergraduate studies at the University of Minnesota. He graduated with a Doctor of Chiropractic Degree from Northwestern College of Chiropractic in 1985. Dr. Palmer earned his certification (C.C.S.T.) in Conservative Care of Spinal Trauma, which gives him exceptional knowledge and experience in treating spine trauma including “whiplash” and traumatic sports and occupational injuries. Dr. Palmer is also certified in the care of Sports Injuries. Additionally, he holds state board certifications both in acupuncture and physiotherapy. Dr. Palmer is widely recognized in the sports care arena and in addition, works with individuals suffering from a wide array of health conditions utilizing functional medicine, lifestyle management and a clinical nutrition approach.

He has served as an Associate Clinical Faculty Member of several chiropractic colleges and has been a guest instructor teaching sports nutrition at the Southwest College of Naturopathic Medicine.

Dr. Palmer has worked with hundreds of professional and world class athletes over the years. He is the treating chiropractic physician for the Arizona Diamondbacks (20 years), the Arizona Coyotes (22 years) and was the San Francisco Giants team Chiropractic Consultant during spring training from 1996-2001 and the Phoenix Roadrunners Hockey Club for one season.

As a student of health and life, Dr. Palmer has spent three decades studying various healing arts and natural treatment options for health problems of all kinds. His practice has always been on the cutting edge of the latest developments from the world of clinical nutrition, functional therapeutics and natural healing. He has an intense and passionate desire to educate people about the benefits of a natural healthy lifestyle.

## Professional accomplishments

Dr. Palmer was the co-founder of C.E.P.A., the Chiropractic Association for the Care of Elite and Professional Athletes. Dr. Palmer and C.E.P.A. were later co-founders of the U.S.S.C.F., the United States Sports Chiropractic Federation. The U.S.S.C.F. was the governing body for chiropractic care for all International Sporting events held in the United States. He is the founder and currently acts as the Assistant Director of the Professional Baseball Chiropractic Society (PBCS) and the founder and Director of the Professional Hockey Chiropractic Society (PHCS). The PBCS and PBHS are professional societies consisting of the official chiropractors providing care for the players and staff of the teams in Major League Baseball and the National Hockey League respectively.

## Presentations and workshops

He has presented 28 different workshops and key note lectures on various aspects of health, wellness, disease and sports and back injury prevention to over 150 different groups. Dr. Palmer has been instrumental in teaching chiropractors how to integrate with professional and collegiate sports medical care systems for the interdisciplinary care of the players.

Has presented at national chiropractic symposiums teaching chiropractic physicians the proper protocols for working with teams and the care of elite and professional athletes.

More about Dr. Palmer and his approach: https://www.wellnessdoc.com/about/

Dr. Palmer's website is www.wellnessdoc.com

## Additional Resources: (Appendix A, B & C to follow)

- If you have the opportunity to view the 7-part docu-series called ***The Truth about Vaccines***. It was outstanding and educational! It did a GREAT job of presenting the evidence that exposed so much corruption in the vaccine industry, from the drug companies themselves and the collusion between them and the CDC. They also presented tons of research and interviews that really shed the light on the dangers of particular vaccines and the recommended vaccine schedule. They really took a balanced approach with some of the experts being pediatricians that say they still believe in certain vaccines, but would give those limited ones in a schedule, that is more spaced out and once kids are a little older. That is part of the problem. The childhood vaccine schedule. that the government is pushing has grown from 15 shots to 72 over the past few years! They also offered options for safer alternatives. https://go.thetruthaboutvaccines.com/
    - Here is also a free link to their Episode 1: The History of Vaccines, Smallpox, Vaccine Safety & the Current CDC Schedule – https://go2.thetruthaboutvaccines.com/docuseries/episode-1/

  The have also released two more episodes as of April 2020. Episode 8, titled Censorship and Supression covers the latest assaults on our health freedoms. Episode 9 titled, WHO's NOT Telling the Truth, shows behind the closed-door meetings by the World Health Organization's committees in charge of vaccination programs discussing and admitting that their safety systems are solely lacking, despite the P.R. campaign which tells the public the opposite. It also covers the agendas behind the push for a coronavirus vaccine, including Bill Gates, Anthony Fauci and much more!

- Another remarkable and very well-done docuseries titled, ***Vaccines Revealed*** explores many of the same topics you have just read in this eBook. There are compelling interviews with doctors, scientists and victims of vaccine adverse reactions. https://www.vaccinesrevealed.com/

- Watch the documentary called ***Plandemic***. The web site is www.plandemicmovie.com It is an excellent expose of the corruption found at the highest levels of the incestuous relationship between our national health agencies and the pharmaceutical industry. It looks at events surrounding the COVID-19 pandemic and the stated globalist agenda behind the push for a mandated coronavirus vaccine, compliance tracking of individuals on all mandated vaccines and

the stripping away of our freedom to chose and to maintain the autonomy of our and our children's bodies.

- Neil Z. Miller's book, **Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers,** is it in outstanding resource. It was released in February of 2016 and 90% have given a 5 out of 5-star review ratings on Amazon.

- Web site for the Weston A. Price Foundation- https://www.westonaprice.org/vaccinations/ This page offers some excellent information and resources including many web site links at the bottom of the page, that provide additional information about the concerns regarding vaccines. The link titled WAPF Vaccination Index with references about 2/3 of the way down the page, provides some stunning statistics and the references where that information was derived from. Just below that is a video version of those statistics.

# Appendix A

## Websites of organizations that provide educational materials and information on vaccine risks and efficacy

www.aaemonline.org
www.acam.org
www.ageofautism.com
www.ahrp.org
www.anh-usa.org
www.Autisminvestigated.com
www.autismpolicyblog.com
www.autismsciencefoundation.org
www.avoiceforchoice.org
www.bolinreport.com
www.buildingthetruth.org
www.canaryparty.org
www.cccmovement.com
www.childhoodshots.com
www.childrenshealthdefense.org
www.chriskresser.com
www.circleofdocs.com
www.cmsri.org
www.cogforlife.org
www.cognitivetruths.com
www.conem.org
www.dailymail.co.uk
www.danmurphydc.org
www.kidnurse.org
www.davidhealy.org
www.davidrasnick.com
www.dissolvingillusions.com
www.doctorbob.com
www.drbrownstein.com
www.drjohnbergman.com
www.DrSuzanne.net
www.ecowatch.com
www.efvv.eu
www.Environmentalhealthnews.com
www.everydayexposures.com

www.experimentalvaccines.org
www.firstfreedoms.org
www.forwardthinkingchiropractic.com
www.fourteenstudies.org
www.freedomforceinternational.org
www.generationrescue.org
www.ghostshipmedia.com
www.globalfreedommovement
www.globalresearch.ca
www.greenmedinfo.com
www.groundzeromedia.org
www.healthcareinamerica.us
www.healthdata.org
www.healthfreedomidaho.org
www.healthnutnews.com
www.healthranger.com
www.healthwyze.org
www.holisticmoms.org
www.hpakids.org
www.icandecide.org
www.icapediatrics.com
www.icpa4kids.org
www.ifm.org
www.immunityeducationgroup.org
www.informedchoiceusa.org
www.infowars.com
www.ipaknowledge.org
www.jeffhaysfilms.com
www.jonathanotto.tv
www.journeyboost.com
www.kellybroganmd.com
www.kellythekitchencop.com
www.kindredworld.org
www.know-vaccines.org
www.learntherisk.org
www.LC.org
www.lifecanada.org
www.livelongerfeelbetter.com
www.madinamerica.com
www.mercola.com
www.mercury-freedrugs.org

www.momsacrossamerica.org
www.naturalnews.com
www.newswithviews.com
www.nexusmagazine.com
www.nocodexgenocide.com
www.nworeport.me
www.over-vaccination.net
www.phibetaiota.net
www.plandemicmovie.com
www.pmai.us
www.Paulthomasmd.com
www.physiciansforinformedconsent.org
www.procon.org
www.rightinginjustice.com
www.rxisk.org
www.safeminds.org
www.sanevax.org
www.soundchoice.org
www.sparkforautism.org
www.texansforvaccinechoice.com
www.thedoctorwithin.com
www.theevidencebasedchiropractor
www.thehealthyhomeeconomist.com
www.thelibertybeacon.com
www.thetruthaboutvaccines.com
www.thevaccinereaction.org
www.thinktwice.com
www.traceamounts.com
www.truthkings.com
www.truthlibrary.info
www.vaccinationcouncil.org
www.vaccinationdecisions.net
www.vaccine.procon.org
www.vaccineawakening.blogspot.com
www.vaccineawareness.info
www.vaccinechoicecanada.com
www.vaccineimpact.com
www.vaccineinjury.info
www.vaccineinjurynews.com
www.vaccineliberationarmy.com
www.vaccinepapers.org

www.vaccineresearchlibrary.com
www.vaccinerights.com
www.vaccinesafetycommission.org
www.vaccines.net
www.vaccines.news
www.vaccinesrevealed.com
www.vaccinesafety.edu
www.vaclib.org
www.vactruth.com
www.vaxchoicevt.com
www.vaxhoax.com
www.vaxxter.com
www.v-ial.org
www.wakingtimes.com
www.thewestreichfoundation.org
www.worldmercuryproject.org
www.whale.to
www.yourfamilyyourchoice.org

# Appendix B

## Lists of references from letters to the Department of Health and Human Services from prominent scientists

***Selection of significant publications from our group in the field***


- Gherardi R. **Toxic Story: deux ou trois vérités embarrassantes sur les adjuvants des vaccins**. Actes Sud (publisher), Paris, 2016, 250 pages
- Crépeaux G, Eidi H, David MO, Baba-Amer Y, Tzavara E, Giros B, Authier FJ, Exley C, Shaw CA, Cadusseau J, Gherardi RK. **Non-linear dose-response of aluminium hydroxide adjuvant particles: Selective low dose neurotoxicity.** Toxicology. 2017 Jan 15;375:48-57.
- Masson JD, Crépeaux G, Authier FJ, Exley C, Gherardi RK. **[Critical analysis of reference studies on aluminium-based adjuvants toxicokinetics]**. Ann Pharm Fr. 2017 May 30. pii: S0003-4509(17)30033-0.
- Van Der Gucht A, Aoun Sebaiti M, Guedj E, Aouizerate J, Yara S, Gherardi RK, Evangelista E, Chalaye J, Cottereau AS, Verger A, Bachoud-Levi AC, Abulizi M, Itti E, Authier FJ. Brain (18) F-FDG **PET Metabolic Abnormalities in Patients with Long-Lasting Macrophagic Myofascitis**. J Nucl Med. 2017 Mar;58(3):492-498.
- Crépeaux G, Eidi H, David MO, Tzavara E, Giros B, Exley C, Curmi PA, Shaw CA, Gherardi RK, Cadusseau J. **Highly delayed systemic translocation of aluminum-based adjuvant in CD1 mice following intramuscular injections.** J Inorg Biochem. 2015 Nov;152:199-205.
- Eidi H, David MO, Crépeaux G, Henry L, Joshi V, Berger MH, Sennour M, Cadusseau J, Gherardi RK, Curmi PA. **Fluorescent nanodiamonds as a relevant tag for the assessment of alum adjuvant particle biodisposition.** BMC Med. 2015 Jun 17;13:144.
- Van Der Gucht A, Aoun Sebaiti M, Itti E, Aouizerate J, Evangelista E, Chalaye J, Gherardi RK, Ragunathan-Thangarajah N, Bachoud-Levi AC, Authier FJ. **Neuropsychological Correlates of Brain Perfusion SPECT in Patients with Macrophagic Myofasciitis.** PLoS One. 2015 Jun 1;10(6):e0128353.
- Khan Z, Combadière C, Authier FJ, Itier V, Lux F, Exley C, Mahrouf-Yorgov M, Decrouy X, Moretto P, Tillement O, Gherardi RK, Cadusseau J. **Slow CCL2-dependent translocation of biopersistent particles from muscle to brain**. BMC Med. 2013 Apr 4;11:99.
- Couette M, Boisse MF, Maison P, Brugieres P, Cesaro P, Chevalier X, Gherardi RK, Bachoud-Levi AC, Authier FJ. **Long-term persistence of vaccine-derived aluminum hydroxide is associated with chronic cognitive dysfunction. J Inorg Biochem**. 2009 Nov;103(11):1571-8.
- Authier FJ, Sauvat S, Christov C, Chariot P, Raisbeck G, Poron MF, Yiou F, Gherardi R. **AlOH3-adjuvanted vaccine-induced macrophagic myofasciitis in rats is influenced by the genetic background**. **Neuromuscul Disord**. 2006 May;16(5):347-52.
- Authier FJ, Sauvat S, Champey J, Drogou I, Coquet M, Gherardi RK. **Chronic fatigue syndrome in patients with macrophagic myofasciitis**. **Arthritis Rheum. 2003** Feb;48(2):569-70.
- Gherardi RK. **[Lessons from macrophagic myofasciitis: towards definition of a vaccine adjuvant-related syndrome]**. **Rev Neurol** (Paris). 2003 Feb;159(2):162-4. Review. French.

- Authier FJ, Cherin P, Creange A, Bonnotte B, Ferrer X, Abdelmoumni A, Ranoux D, Pelletier J, Figarella-Branger D, Granel B, Maisonobe T, Coquet M, Degos JD, Gherardi RK. **Central nervous system disease in patients with macrophagic myofasciitis.** **Brain. 2001** May;124(Pt 5):974-83.
- Gherardi RK, Coquet M, Cherin P, Belec L, Moretto P, Dreyfus PA, Pellissier JF, Chariot P, Authier FJ. **Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle**. **Brain. 2001** Sep;124(Pt 9):1821-31.
- Gherardi RK, Coquet M, Chérin P, Authier FJ, Laforêt P, Bélec L, Figarella-Branger D, Mussini JM, Pellissier JF, Fardeau M. **Macrophagic myofasciitis: an emerging entit**. **Lancet. 1998** Aug 1;352(9125):347-52.


**List of Recent, Relevant and Significant Publications From Christopher Exley PhD**


- Exley C, Siesjö P & Eriksson H (2010) **The immunobiology of aluminium adjuvants: how do they really work?** Trends in Immunology 31, 103-109.
- Exley C and House E (2011) **Aluminium in the human brain**. Monatshefte für Chemie - Chemical Monthly 142, 357-363.
- House E, Esiri M, Forster G, Ince PG and Exley C (2012) **Aluminium, iron and copper in human brain tissues donated to the medical research council's cognitive function and ageing study**. Metallomics 4, 56-65.
- Exley C (2011) **Aluminium-based adjuvants should not be used as placebos in clinical trials.** Vaccine 29, 9289.
- Exley C (2012) **When an aluminium adjuvant is not an aluminium adjuvant used in human vaccination programmes**. Vaccine 30, 2042.
- Exley C (2012) **The coordination chemistry of aluminium in neurodegenerative disease.** Coordination Chemistry Reviews 256, 2142-2146.
- Exley C, House E, Polwart A and Esiri MM (2012) **Brain burdens of aluminium, iron and copper and their relationships with amyloid beta pathology in 60 human brains**. Journal of Alzheimer's Disease 31, 725-730.
- Davenward S, Bentham P, Wright J, Crome P, Job, D, Polwart A and Exley C (2013) **Silicon-rich mineral water as a non-invasive test of the 'aluminium hypothesis' in Alzheimer's disease**. Journal of Alzheimer's Disease 33, 423-430.

# Appendix C

## Resources as quick reference guides for vaccine information

Vaccines that contain DNA from aborted fetal cell lines and alternative vaccines if available- https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf

Information on Human DNA from aborted fetuses, the damage it can cause and the effort to change the trend in the industry away from these practices.
http://soundchoice.org/aborted-fetal-products/

**Clinical trials-** http://clinicaltrials.gov/

An official site for U.S. clinical trials. Vaccine trials can be found by typing in appropriate keywords. Here you can find out vaccine trial details: the outcome measures investigated, the criteria that constituted the placebo control, number of participants, *etc.*

**National Vaccine Information Center's Vaccine Adverse Event Reporting System (VAERS) searchable interface-** http://www.medalerts.org/

The VAERS database is based on self-reporting of vaccine adverse effects. It is estimated that less than 10% of adverse events are reported. This database represents the range of possible adverse effects associated with vaccines. Some serious adverse effects are also disclosed on inserts that come with vaccine vials.

**The Health and Human Services VAERS Database** https://vaers.hhs.gov/ Click on the VAERS Data Tab.